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ABSTRACT

These conference proceedings contain nine theme papers from a conference on the University of the Third Age (U3A); the concept of positive aging; and new directions in political thinking, education, health, and social services. An introduction by the conference coordinator, Geoff Cawthorne, begins the volume. The papers are as follows: "Positive Ageing: Developments in Services for Older Persons in New South Wales" (Gillian McPhee); "U3A in Australia: Who Are We, What Do We Want, What Are the Benefits?" (Rick Swindell); "Cognitive Change in Later Life" (Michael Dunne); "Consultations with Older People as Part of Policy Making in the Commonwealth Department of Community Services and Health" (Harold Wilkinson); "Council on the Ageing: An Organization for All Older People" (Heather Johnson); "Healthprint: A Natural History of Health for Older People" (Deborah Saltman); "Old Dogs Can Learn New Tricks" (Ray Morland); "Normal Ageing and Intelligence" (Lazar Stankov); and "Comparison of Some Disease Prevalence Rates in People over 60 Years of Age from Beijing and a Selected Rural Area" (Tong Zhi-fu). Two workshop presentations address practical topics: "How to Use the Media" (Liz McLaughlin) and "Course Preparation and Training" (Susan Skidmore). (YLB)

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Positive Ageing

Proceedings of the First NSW U3A Conference

1991

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Positive Ageing

Proceedings of the First NSW U3A Conference

Orange 14-15 March 1991

(Held at the Bloomfield Conference Centre - Bloomfield Hospital)

Sponsored by

NSW Board of Adult Education
NSW Government Insurance Office
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Editorial

U3A in Australia is an adult education success story. Since its introduction to Melbourne in 1984-85 the movement has spread very rapidly to all States and Territories. By early 1991 more than 70 independent U3A groups were operating throughout Australia, providing a diverse range of courses and activities for a membership estimated to be in excess of 12 000.

The papers published in these conference proceedings reflect something of the vitality and dynamism of the U3A movement throughout Australia and give a clear indication of why the concept of positive ageing is likely to grow in prominence in diverse fields which, directly and indirectly, have an impact on the lives of older persons. New directions in political thinking (State and Federal), education, health (physical and psycho-social), and social services are outlined in these proceedings with the emphasis clearly being on the 'can do' aspects of later life.

It is the nature of many conferences that theme papers tend to deal with 'global' issues which, ideally, should appeal to the interests of as many participants as possible. This was clearly the intent of the organising committee. However, the committee was also alert to the need for the conference to address the 'bread and butter' issues confronted by every U3A Management Committee, namely:

how to advertise the U3A message more widely and,
how to assist the volunteer tutors to better prepare their courses.

Two workshops were presented during the conference which addressed these topics. The organising committee has included the text of these very practical workshops in these proceedings in the belief that the information may be of benefit to many groups and individuals.

RS

Introduction

Geoff Cawthorne
Co-coordinator NSW State U3A Conference 1991

Early in 1990 at a Sydney Meeting of the Steering Committee of New South Wales U3As it was suggested that a State Conference be held in October, 1990. This was to have been the first U3A Conference to be held in New South Wales. Jim Selby, Social Planner for Orange Council and a founder member of Orange U3A immediately offered to take the proposal to a meeting of the local branch. The meeting decided that the idea was feasible but, due to heavy commitments at that time of year and, in particular, planned Sister-City visits and the National Field Days, it was considered wiser to plan the conference for Autumn, 1991. (This decision proved to be fortunate as renovations to the proposed venue [the Bloomfield Conference Centre] had been hampered by inclement weather and a shortage of building materials.) A working committee of three was formed and U3As Australia-wide contacted.

Arrangements for accommodation were made with the management of Bloomfield Conference Centre and the Department of Health. Our special thanks to Mrs Andrea Grom and Mr Mark Skidmore for their invaluable assistance, which led to the flawless operation of the Centre during the Conference.

Jim Selby bore the initial brunt of the organisation and it was not until I returned from Europe in mid-November that we got down to the serious business of booking accommodation, attending to special dietary needs, arranging transportation for our key-speakers and, finally, finding more accommodation as the list of interested participants grew. Thanks to Orange Base Hospital this last problem was overcome.

We are indebted to our three major sponsors for their generous financial and material support:

Orange City Council (in particular to our patron Mr Max Boss, Town Clerk);
The NSW Board of Adult Education; and
The NSW Government Insurance Office.

Thanks to this backing, Orange U3A, with a total membership of 80, was able to stage a two-day conference with an average daily attendance of 120 visitors from all States except South Australia.

Jim Selby made excellent choices when inviting key-note speakers; the range of topics covered and the obvious knowledge and ability of the speakers was apparent to all present and is demonstrated by the contents of these conference proceedings. Unfortunately, Dr Tong Zhi-fu from the University of Beijing did not arrive in time to deliver his paper on Aging and Learning in China. (His paper is included in this publication, and I hope it proves of interest).

One of the main aims of our conference was to bring together members of U3As from all over Australia, to give these members a chance to compare notes, gain ideas and, perhaps, create the basis for an Australia-wide network. Representatives from each State and several branches of New South Wales U3As were given time to talk on their organisations. A plenary session at the end of the conference led to a sharing of ideas and the creation of contacts, and the several workshops covered a very wide range of topics. Our thanks to the workshop leaders and the many participants who contributed ideas for the expansion of our University of the Third Age. Newcastle U3A has promised to hold the Second New South Wales U3A Conference in 1992, and Darwin is contemplating an International Conference in 1993 - out of little acorns mighty oaks sometime grow.

I was privileged to take part in the Conference, and before I conclude would like to pass on my personal thanks to Dr. Rick Swindell of Griffith University without whose generous assistance and initiative this publication would not have been possible. I sincerely hope that you enjoy reading the selection of papers in this booklet and that the ideas contained within may be of some assistance to you all.

I look forward to seeing you all at many more conferences at many and varied venues in the future.

Positive ageing: Developments in services for older persons in New South Wales

Gillian McFee
Director, Office On Ageing
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State Office Block
Macquarie Street
Sydney 2000

You are an audience who, in many ways, represents a challenge to us all about the importance in thinking differently and changing attitudes about ageing because you are involved in a rapidly growing movement of older people who are involved in ongoing education and learning, with age presenting no barriers.

I am not going to talk about the University of the Third Age today. I think there are many experts here today in the field of adult education, so I will leave that to them and do what I know best. I want to talk about some of the important strategic issues which face us, as a community and a government, if we are to effectively manage an ageing population. In doing this, I will be drawing heavily on a speech which we prepared for the Premier and which was presented by him last Friday at the Premier's Forum on Ageing, called 'Positive Ageing: Putting Health In Your Own Hands'.

It was only the other day that a feature article advertised on the front page of a major metropolitan newspaper included suggestions about how to 'slow down ageing' - as if it was something to be avoided! To this, add the promises of a number of cosmetic products which promote 'anti-ageing', and I think we begin to get a picture about the prevailing community attitudes on getting older. They are rarely positive.

Sadly, growing older is quite often wrongly perceived by the community as a time of decline and dependence - a time to be avoided or, as the feature article said, having its onset 'slowed down'.

Some facts about growing older

- Over 80% of people aged over sixty years are free from severe handicaps.
- Only four per cent of older people over 65 years live in nursing homes.

- Learning differences are not noticeable until 70 years with appreciable differences perhaps occurring after 90 years of age.
- Age and performance at work are not automatically related. Studies show that performance at work is influenced by individual differences and the type of work. The key issue is that having access to training can overcome differences in performance which appear to be age related.

These facts are in stark contrast to the myths and perceptions about growing older which, unfortunately, can sometimes influence the way we do things.

Some myths and stereotypes about older people

- Older people are a single group; that is, 55 or 60 plus.
- Older people can't learn - as they say 'you can't teach an old dog new tricks'.
- Performance at work declines with age...and so on.

In promoting 'positive ageing', what we are working towards is to influence the community to think differently about growing older so that, in time, the way we relate to older people and to our own ageing, will be more appropriate. There is a challenge in this for all of us. For government, it is in working towards having 'healthy public policy' - and I mean this in the broadest sense of the term.

The challenge for older people is in 'putting health in their own hands' by not embracing negative community attitudes about ageing. It is important that older people ask 'why' and 'why not' more often than many tend to do at present.

So why is it important to change community attitudes about ageing? By early next century one in every five Australians will be over the age of 60 years. This is not necessarily a cause for concern, however, very rapid growth in the older age groups - that is people over 75 years - means that we need to start now to think differently about the way we do things. This is especially so in the areas of health, housing, community care and employment.

Some facts on health

- Older people use one third of hospital bed days.
- Older people over 75 years account for almost one quarter of all hospital costs, but only about eight per cent of medical service costs.

- Most of the conditions that cause chronic conditions which older people have - like arthritis, incontinence, cardiovascular disease, osteoporosis - are amenable to prevention.
- About six per cent of people over 65 years suffer from dementia. About 26% of those over the age of 80 suffer from dementia. The total numbers of people with dementia are estimated to increase by almost 80% by early next century.

There is a major challenge in providing a greater range of flexible housing and care options so that older people are appropriately supported in the community, in less institutional and more dignified settings. This will improve the quality of life for older people, as well as making better economic sense for governments in using more expensive institutional and hospital services cost-effectively. Having appropriate and affordable housing can enhance better health for older people. An ageing population means that the configuration of our suburbs and housing arrangements is going to need ongoing attention.

Some facts on housing

- More than 90% of older people 60 years and over live in houses and flats dispersed throughout the community.
- About 16% of these people live in medium density dwellings.

Ways of increasing the range of medium density housing options in the suburbs where older people live, will provide them with better access to transport and minimise problems associated with home and garden maintenance. Appropriately designed housing will also minimise the extent to which older people have falls, leading to fractures, which inevitably can lead to long and costly hospitalisation and rehabilitation. For a minority, this may be some form of residential care, like hostels and retirement villages, however, for the vast majority, it will mean more appropriate housing, with accessible transport and availability of flexible care packages if needed.

Over the last eighteen months, we have been reviewing policies and programs for older people. A series of 'issues' papers has been released and the consultative committee on ageing has conducted consultations in metropolitan and rural centres of N.S.W.
Four priority issues have emerged - transport, housing and community care, age discrimination and education. The government has specific measures in place to address these issues, however, the challenge of meeting the needs of an ageing population is quite

significant. Some of the important structural and attitudinal changes which need to be made will only happen over a period of years.

The agenda is a wide one, for government and older people alike. To begin with, there are major structural changes which are the responsibility of government. We must make important changes to the way Commonwealth and State governments divide responsibility for aged care. At present, because of duplication between governments, it is often the case that consumer access to health and community care services is influenced by which level of government has funding responsibility for the service.

The reform of Commonwealth-State relations, which commenced at the premiers' conference held in Brisbane late last year, is important here. We are also looking at ways to improve the way government departments plan and deliver services to older people. This is particularly so in the areas of health care, housing and community care, where it is clear that a more co-ordinated and integrated approach is needed.

After the launch of senior citizens week, the Premier was quoted by some media as supporting a separate ministry for older people. This is only one option, and the government is looking at it. However, let me say that using age as a way of setting boundaries for ministerial responsibility will not necessarily ensure that older people get a better deal. The important issue is to make sure that whatever administrative boundaries are set, they match the needs of all target groups, including older people. Another consideration is that when we put boundaries around different functions of government, be they health, housing, community care, or whatever, they are capable of achieving results that are relevant in a changing social, economic and demographic context. For older people, it seems to me, these results are about enhancing their independence, dignity and respect, so that ultimately, they retain control and responsibility for themselves, and this is, after all, characteristic at other ages.

I want to look at each of the priority areas identified by the consultative committee, and make some comments about progress which has been made, and work which still needs to be done

In transport

- Generous concessions for pensioners and retired citizens on public transport valued at $111 million.
- The introduction of kneeling and 'ez' buses with special design features to improve accessibility and safety for older people.

- Improvements to the taxi transport subsidy scheme, including 12 additional special purposes taxis and separate booking facilities.
- The provision of ramps or escalator access at 40 city rail stations and the installation of ramps at four outer metropolitan stations.
- The publication of a brochure by city rail, called 'Easy access - a guide for elderly and disabled travellers'.
- Special city rail staff training programs to increase awareness about the needs of older people by transport operators.
- Reviews by the State Transit Authority of bus services in metropolitan Sydney and Newcastle to improve routes and timetables.
- Vastly improved train security. These initiatives include regular patrols by the NSW police, the installation of passenger communication systems, and the completion of lighting upgrading programs at 74 train stations.

In housing and community care

- An ongoing commitment to continuing real growth in the Home and Community Care program.
- In excess of 3.5 million hours of home care services are provided to 49,000 households across NSW. Over 70% of these are people aged 70 years and over, and this level of service represents an eight per cent increase on last year.
- The establishment of a hostel and care program in the Home Care Service of NSW to provide more housing and care options.
- State Environmental Planning Policy No.5 is being reviewed to assist Local Councils in responding appropriately to the support services issues in housing for older people.
- A wider variety of housing options for older people is being encouraged through publications on 'Town houses and villa houses' and 'House designs for small allotments'.

In age discrimination

- Compulsory retirement has been abolished in NSW effective for the public sector from January 1991, for Local Government in 1992, and the private sector in 1993.
- Age restrictions have been removed for appointments to boards, statutory authorities and directors of companies.
- Proposals to use positive measures to address age discrimination in other areas, including public awareness campaigns and labour market programs are currently being evaluated.

In education

- Exemption from administration charges in TAFE programs for age pensioners.
- The formation of a Board of Adult and Community Education.

By addressing these strategic issues we will all go one step closer to having an even clearer understanding about the changes we all have to make in responding appropriately to our own and each others' ageing. It is about me, as much as it is about you.

I hope that your proceedings over the next two days are productive, and may the University of the Third Age movement go from strength to strength because the work you do is important and far reaching for all of us.

U3A in Australia: Who are we, what do we want, what are the benefits?

Rick Swindell
Senior Lecturer
Division of Education
Griffith University
Nathan 4111

Introduction

Very rapidly increasing numbers of older Australians currently are seeking access to organised, intellectually challenging pursuits, despite the lack of any obvious concerted initiative from governments and funding agencies. This 'grassroots level' activity is likely to continue for many years, which would appear to suggest that an important social change is now in progress.

One obvious explanation for this growth can be traced to the increasing numbers of older people in our society. Recent statistics from the Australian Bureau of Statistics show that older Australians now form the fastest growing group in our society. In 1987, some 10.7% of our population were aged 65 years and older, and this percentage is expected to increase to between 19% and 21% within the next 40 years. This growth is compounded by the fact that people are also living longer. The population of the very old in our society, those aged 80 and over, is expected to increase from 0.3 million in 1987 to 1.3 million in 2031 (ABS., 1988). Purely on the basis of these statistics, then, it is reasonable to expect that demands for increased educational opportunities in later life will continue to rise rapidly.

However, there is a more significant predictor of increasing involvement by older learners than that of a growing, ageing population alone. A number of studies consistently reveal that the single most powerful predictor of future participation in adult education is the amount of earlier education received (Peterson, 1983). The better educated an individual is, the more likely it is that he/she will seek subsequent learning opportunities. Since successive aged cohorts are better educated than their predecessors it can be confidently predicted that the numbers of older learners demanding access to increased learning opportunities in later life, will increase each year.

The phenomenon of rapidly increasing numbers of persons being attracted to (or continuing with) learning in later life is not confined to Australia. Over the past two decades demand has led to the development of many new programs and opportunities in many countries specifically to meet the wants and needs of older learners. What are some of the factors which might contribute to the perception that the seemingly unglamorous leisure time activity of non-vocationally oriented learning in later life is worth the effort?

Benefits of cognitive challenge in later life

Findings from recent research suggest that the growing interest by older persons in intellectually challenging pursuits could have considerable beneficial offshoots for the whole of society. If this should prove to be the case the intriguing possibility exists that education may have a significant role to play in the future mix of social services for the aged.

In drawing on results from a number of studies carried out over the past decade Langer (1989), a social psychologist at Harvard, has been moved to '...make the strong claim that the body begins to die as the mind ceases to deal with novelty' (p.142). Indicative of some of Langer's findings are outcomes involving studies of elderly residents in a nursing home. For example, Langer et al (1984) found that progressively increasing the cognitive demands made on subjects over three weeks resulted in improvements in long and short-term memory. Two and a half years later it was found that 14% of the challenged group had died or been discharged to hospital, compared with 53% of each of the two comparison groups. Additional to the thought-provoking idea that cognitive challenge can directly improve the health of some older persons are other findings that educational activities in later life are associated with tangible benefits, which are linked to quality of life issues for the recipients. For example, Rose (1971) found that participation in adult basic education produced a reduction in anomie scores. Mizer (1975), and Estrin (1986) found that older persons who are educationally active typically are more satisfied with their lives.

Gayfer (1985), in commenting on the potential that education has for directly addressing the needs of the aged is highly critical of leisure-time 'frill' programs which fail to recognise the realities faced by the aged in society. Some of the more significant of these realities have been identified by Merriam and Mullins (1981), whose study showed that older adults rated six tasks of later adulthood, as being of immediate importance. These were: adjusting to decreasing physical strength and health; adjusting to retirement and reduced income; adjusting to the death of one's spouse; establishing an explicit affiliation

with one's age group; adopting and adapting social roles in a flexible way; and establishing satisfactory physical living arrangements. The better equipped the aged individual is to cope with these realities the less likely it is that he or she will become reliant on expensive social services.

Given that education in later life has some very tangible benefits for the participants and, as a consequence, for society as a whole, what does research have to say about the capacity of older persons to keep on learning new things? As adults age, their ability to store and recall items form short-term, or 'fluid' memory decreases. Often, this gives rise to the view, very frequently shared by older people themselves, that they are 'losing their minds' and, consequently, can derive no benefit from new learning situations. This latter appears to be incorrect. Most earlier learning seems to be stored in long-term or 'crystalised' memory and, in the absence of pathological conditions, it would appear that no significant loss of intellectual functioning needs occur. This was clearly demonstrated by Harwood's (1988) important twenty year longitudinal study of intellectual change in a group of Australians aged 60 to 98 years, which revealed that the rate of decrement in intelligence scores over 20 years was less than one percent per annum in all age groups. At the end of the study, no one was under the age of 80 years old. This rate of decline was consistently found throughout the 20 year study, and at all ages from 60 to 98. Some individuals, including nonagenarians, did not decline at all, and these tended to be people who had participated in the disciplined learning experiments. Other studies provide additional substantial evidence to support the idea that aged persons are perfectly capable of continuing with, and deriving benefit from learning (Baltes & Schaie, 1982; Failes, 1980; MacNeil & Teague, 1987; Markely & Cramer, 1983).

There are benefits other than those associated with the improvement of, or maintenance of good health, associated with education in later life. In addition to health and health-related benefits, a recent New South Wales Office on Ageing directions paper discusses three other benefits attributable to education and leisure in later life (NSW Office on Ageing, 1990). These are benefits associated with

> individual satisfaction and personal development,
> passing on knowledge and skills to the community and,
> enhanced productivity through retraining to reenter or remain in the workforce.

The latter point in particular is an example of how economic factors can result in a very dramatic turnaround in government thinking. In supporting proposed legislation relating

to the removal of age discrimination the directions paper notes '...that there is a community benefit to be gained from encouraging these highly-trained older workers to remain in the workforce if they so desire, and contribute to national productivity, their own self esteem and economic independence'. The first recommendation arising from the paper is that '... the Premier request the Minister for Education and Youth Affairs to develop a clearly articulated policy statement on the provision of education services for older people.' Thus, despite a recent perception that education for older people only has slogan status and will not be on the political agenda for the foreseeable future (Glendenning & Battersby, 1990) it would appear from the tenor of the entire directions paper that this view is already dated. Since NSW is not substantially different from the rest of Australia in its demographic or economic base it seems reasonable to speculate that education for older adults will soon be on the political agenda in all States.

One of the principal causes of governments' awakening interest in the beneficial effects of education and leisure programs on the older population, relates to concern over the rapidly rising costs of social services. According to a recent EPAC paper (1988) the growing cost of social services has the potential to generate social and political tensions between aged Australian dependants and taxpayers. However, discontent with the existing dependency model, which is the only option faced by many of the aged in our society, is not confined to only those who fund the current system. It would appear that many of the 'beneficiaries' themselves are less than happy with the system. Day (1985) carried out a series of in-depth interviews with 23 persons aged 75 years or older to determine their perceptions of old age. Person after person equated the drift into greater dependency with age as a loss of control, and a major threat to their personal identity and definition of self-worth. The anomaly here is that Australians seem to want to maintain their independence to the end but both they, and those responsible for their care (be they family, friend or institution) commonly see the drift into greater dependency as irreversible. Clearly, it would be an advantage to society as a whole if a viable alternative to the existing dependency model were available; an alternative which not only decreased the growing societal financial burden, but one which strived to maximise the dignity and rights of older people.

The emerging evidence linking sound mind and sound body in old age would appear to suggest the need for a serious rethink on how best to overcome the view that is so rampant in society today that old age is a defeated stage in life.

Education for self-sufficiency

A growing philosophical thrust towards education for self-sufficiency is emerging from literature in the field of educational gerontology. The philosophical underpinning of the self-sufficiency model rests on the recognition of the aged as a continuing resource to society.

> If people can be helped to help themselves, they will be less dependent on he government and other institutions, and therefore will be empowered not only to take care of themselves but also to help others. ...if viewed from the self-sufficiency perspective, education may be one of the best mechanisms to meet the pressing needs of older persons and to help solve major social problems (Timmermann, 1985).

In order more rapidly to move towards the self-sufficiency ideal of education for older adults, Timmermann (1985) advocates diversion of funds to programs which support the self-sufficiency concept, and away from the traditional providers who tend to perpetuate dependency patterns. Of the large new programs, which have evolved to satisfy the wants and needs of growing numbers of older learners, the University of the Third Age (U3A) is arguably the most important.

From its beginnings in France in 1973, the movement (or a close relative of the movement) has spread rapidly to many developed and developing countries. In 1985 the movement began in Melbourne and, since that time, U3A has spread rapidly throughout Australia. By mid 1990 there were some 70 independent campuses in all States and Territories providing for the learning needs of a membership estimated to be in excess of 12,000 older learners. Despite this quite spectacular growth, however, very little is known about the characteristics and aspirations of U3A participants in Australia. In fact, for a movement which is regarded as an international success story in adult education, it is surprising to find that very little has appeared in readily accessible literature about the educational characteristics of U3A participants and the successes of various programs.

The paucity of participation data about older learners in specific adult education programs is seen to be a major impediment to the growth of opportunities for the aged (Peterson, 1985), as well as to the subsequent analysis of those programs which appear to have the greatest potential for best meeting their educational wants and needs. The primary, secondary, and tertiary fields of education regularly mount strong arguments, amply supported by hard data, for their share of resources. In contrast, there are considerable

difficulties with obtaining accurate data about all types of adult education activities in Australia. In commenting about these difficulties Devin (1981) was moved to state that 'many agencies do not have this kind of information and moreover, some positively object to the idea of collecting it' (p.87).

Substantial information about U3A and other successful programs involving cognitive challenge for older learners needs to be documented regularly, and disseminated widely. Such information will assist governments and other policy-making bodies to make informed decisions about the importance of education and leisure activities for the rapidly growing population of older adults, and is likely to help change societal prejudices and misconceptions (often held by older persons themselves) regarding the abilities and capabilities of older people. At the program level the existence of substantial participation data would likely be welcomed by those who wish to know more about the characteristics and aspirations of aged Australian learners, in order to better meet their evolving wants and needs.

The remainder of this paper describes some of the characteristics and aspirations of a sample of U3A members from 12 campuses from New South Wales, Queensland and South Australia. The survey data were collected in in mid 1990 and the reports distributed to the 12 participating Management Committees in December 1990. A total of 1056 questionnaires were distributed, with the high response rate of 771 (73%) useful returns making any follow-up mailing unnecessary. It is reasonable to speculate from a sample of this size that the majority of findings are generalisable to U3As throughout Australia.

Who are we? What do we want?

The participating campuses were Forbes College for Seniors; U3A, The Third Age Institute of Higher Learning (Northern and Eastern Regions of Sydney); U3A - South Australia (Adelaide Branch); U3A Shoalhaven Third Age of Learning Inc.; U3A Chifley Chapter; U3A Third Age of Learning - Orange; U3A Third Age of Learning, Wollongong Inc.; U3A Endeavour Campus; U3A Sunshine Coast; U3A Gold Coast; U3A Brisbane.

Some of the surveyed campuses had been in operation for nearly four years, others were in their first year of operation. Membership ranged from more than 1000 for some of the older campuses to fewer than 100 for newer campuses. To maximize participant anonymity and to safeguard the confidentiality of membership records the survey participants were selected by the various member-elected Management Committees. For

larger campuses (those having considerably more than 100 members) the participants were randomly chosen; for smaller campuses a convenience sample was chosen which, in all cases, comprised more than 60 per cent of the membership. The questionnaire comprised three parts, each intended to provide different information about Australian U3A participants in 1990. Part A of the questionnaire contained questions which, in general, were likely to be of value to specific Management Committees. Part B addressed wider adult education questions such as the educational background of participants, extent of activity in leisure and learning, and perceptions of health and financial security. These issues are likely to be of specific value to adult education theorists who are interested in developing a greater understanding of the persons who are attracted to education in later life. Part C comprised the 65 item University of Queensland Operation Retirement (UQOR) instrument which was developed specifically to enable the educational/recreational interests of the older person to be determined (Harwood and Naylor, 1980). This instrument, which was prepared for, and standardised on elderly populations, allows interests profiles in 13 different categories (music, art, exercise etc.) to be determined for older learners and may reveal areas not previously considered to be of likely interest to a group. Such information is likely to be of greatest immediate benefit to course planners at the individual program level. However, it is possible that profiles developed from an instrument of this kind might have longer term value by providing 'bench-marks' against which change/stability in membership interests over time can be compared. Bench-marks of this nature would likely be of value to course evaluators and, perhaps, on a wider scale, to policy makers concerned with the educational rights of the older learner.

Age

The 'third age' refers to a stage in life when individuals are no longer tied to the responsibilities of regular employment and/or raising a family. As a consequence of this very open definition of age, which is not linked to a chronological concept of age, U3A should be attractive to individuals from a broad range of predominantly older persons. As shown in Table 1 nearly 58% of members are between the ages of 60 and 69.

Table 1 shows an unexpectedly high 10% of U3A members coming from the age range of 75 and over, an age range which would not normally be expected to be so well represented in an adult education program. Most of the surveyed campuses are close to the 10% figure for the 75 and over group. However, one New South Wales campus had 23% of its members in this age group and would appear to have intentionally made the movement attractive to the 'old-old'. The percentage of old-old people is increasing

rapidly in Australia. Presently, 37% of older people are over 75 years of age, but by 2001 this figure reportedly will have risen to almost 50% (Directions in Ageing in NSW, 1990). Apart from the fact that this group in society gets scant attention paid to its educational wants, it is the old-old who are increasingly afflicted by age-related problems and who are most likely to benefit from some of the advantages attributed to education for older persons

Table 1: Age distribution of all respondents (n=771)

Age	%	
Under 50	2.2	(n=17)
50 - 54	4.5	(n=35)
55 - 59	8.9	(n=69)
60 - 64	28.0	(n=216)
65 - 69	29.8	(n=230)
70 - 74	16.5	(n=127)
75 - 79	7.3	(n=56)
80 and over	2.7	(n=21)

Gender

Over the 12 surveyed campuses, females outnumber males by quite a considerable margin. The survey average was approximately 5:1 with extremes ranging from a high of 10:1 for one large South-East Queensland campus, to a low of approximately 3:1 for three New South Wales campuses. For most campuses the ratio is considerably higher than the proportion reported by Radcliffe (1982) who notes a 'fairly typical' female to male ratio of 70:30 in French U3As. The U3A ratio, generally, is much higher than that found in the Australian older population where the ratio of females to males does not reach 2:1 until about age 75. Although no generalizations can be made about the gender of participants in programs for older learners (Peterson, 1983), comparisons with other adult education data in Australia suggest that the gender ratio in several of the surveyed campuses might be unusually high. Binnion (1986) reported that of 1,700 participants aged 55 and older in a cluster of adult education programs in South Australia the female to male ratio was 2:1.

Course and tutor effectiveness

U3A in Australia is almost entirely dependent on the good will of volunteers, including member tutors who develop and offer courses in whatever way they see fit. Courses are often taught from free suburban halls or from the tutors' own homes (Swindell, 1988). An obvious benefit of this do-it-yourself approach is that the movement is independent of

the vagaries of external funding, or on input from career adult educationalists whose enthusiasm and 'know how' is largely responsible for the successful operation of some adult education organizations. Two possible disadvantages of this approach are that classes might be perceived as lacking an 'educational atmosphere' and, frequently, U3A tutors have had no formal teaching experience. Are these perceived as disadvantages in the eyes of the members?

Participants' perceptions of the appropriateness of the U3A approach to education were tested in two questions. In the first question, which asked participants to indicate their preference for classroom structure, 14% preferred small informal groups offered from private homes, 19% preferred a traditional classroom atmosphere, and 67% felt that the format doesn't really matter. These responses, which show that at least 81% of participants are not concerned by the informality of the classroom setting, argue strongly for a continuation of the delocalized community education model and suggest an unequivocal message to Management Committees and tutors. Courses should be run from places which are mutually convenient for both student and tutor, and membership fees need not be increased specifically for the purpose of covering hiring costs of formal educational settings if an alternative is available.

The second question gauged participants' general reactions to courses undertaken in 1990. Responses are summarized in Table 2

Table 2: Benefits from 1990 courses (n=639)

Perceived benefit	%	
Quite a lot	80.2	(n=513)
Some	16.3	(n=104)
Not much	3.1	(n=20)
Don't know	0.3	(n=2)

It is worth noting that a considerable number of written comments accompanying the data in Table 2 indicated that participants would have liked an option such as 'Very considerable benefit' to be included since they felt that 'Quite a lot' did not adequately express their level of satisfaction with the course(s). With fewer than four per cent of respondents failing to gain much from the courses the volunteer tutors and Management Committees alike can feel satisfied that they are providing for members' educational wants.

A further indication that U3A in Australia is achieving its educational objectives is found in Table 3. Since a majority of the 12 participating campuses had relatively recently been formed when the survey was undertaken, the data in Table 3 are from Adelaide, Brisbane and Sunshine Coast campuses only, each of which had been in existence since 1986/87.

Table 3: Membership duration (three campuses)

Year Joined	%
1990	27.7 (n=86)
1989	24.8 (n=77)
1988	17.7 (n=55)
1987	29.9 (n=93)

Table 3 shows that nearly 30% of the participants had joined during the first year of operation of the campuses and approximately 72% of participants had renewed their membership at least once. Membership persistence is one of the best indicators of the viability of an adult education organization. The fact that a high percentage of U3A members continues to pay the (albeit nominal) annual fee can be taken as a strong indication that the way U3A is operating is perceived by members to be appropriate.

Course timetabling details

A number of questions surveyed issues which dealt with program delivery and members' involvement with, and perception of, machinery matters relating to their courses. Participants indicated a very strong preference for meeting once a week for two hours in the morning, and that they were prepared to do the necessary preparatory study to meet the course objectives.

Educational Attainment

Cross (1979), in commenting on consistent findings from large participation studies carried out predominantly in North America, noted that level of educational attainment is one of the best predictors of both interest and participation in future learning activities. Generally, these studies show that a high school graduate is about twice as likely to continue learning as an adult with an elementary school education, and a college graduate is about twice as likely as a high school graduate to be a participant in adult learning activities. The first Australian population-based study to provide data which might be

compared with overseas studies was the NSSS study, reported on by Evans (1988). Evans reported that of those who have undertaken adult education courses:

2% have completed primary school (or less)
28% have incomplete secondary education
28% have completed secondary school
21% have trade qualifications
22% have a diploma or degree.

These figures could be compared with overseas findings in at least two different ways according to the point of view of those who might wish to argue the nexus between adult education and formal education. On the one hand it may be argued that a majority (58%) of course takers have only high school level education, or less. On the other hand it may equally well be argued that a greater majority (71%) have completed high school, or better. Evans (1988) makes no comparisons, merely noting that most course takers have only average levels of formal education, with rates of course taking being higher among the highly educated, of whom there are not yet many.

Table 4 lists the highest level of formal education attained by the U3A survey respondents.

Table 4 Highest level of formal education attained by participants (n=758)

Qualification	%	
Higher degree	3.7	(n=28)
Degree	17.4	(n=132)
Undergraduate diploma	8.2	(n=62)
Business, technical or trade	19.7	(n=149)
Completed secondary	33.9	(n=257)
Less than 2 years secondary	11.2	(n=85)
Primary	5.9	(n=28)

Forty-nine per cent of U3A participants have completed a post-secondary qualification, a figure not unlike the 43% found in the NSSS study. However, the NSSS study reports data for a sample of all Australian adults, not principally older adults as was the case in the U3A survey. Since each successive cohort is, generally, better educated on average than preceding cohorts the U3A survey would appear to show that better educated members are attracted to the movement. Additionally, when considering the highest level of formal education attained by older Australians it is important not to overlook societal conditions which prevailed when the current group of older Australians was of high

school age. Table 4 shows the single largest group of survey participants (33.9%) has completed no qualifications beyond high school level.

The majority of U3A members are women who fall within the 60-69 years age group. Today's 65 year old U3A member was 12 years old in 1937 and, perhaps, completing primary school. In those days, in order to enter high school, children were required to pass a rigorous entrance examination, a barrier which effectively excluded more than half the children from progressing to high school. Those who were scholastically able to enter high school may have had to travel considerable distances to attend one of the few high schools as well as facing other rigorous examinations throughout the high school years. For example, in Queensland, only some 15% would complete Junior certificate two years after entry, and no more than two per cent ever advanced to the Senior certificate. Further pressure on children to leave school and help become a family breadwinner was created by World War ll. Coupled with these daunting problems was the fact that it was unfashionable for teenage girls to progress through high school, and available jobs did not require a high level of secondary education. From this perspective, then, completion of high school, particularly for women in the over 60 age group who comprise the considerable majority of U3A members, should be seen as an educationally unusual event. When the data in Table 4 are considered in historical perspective the information is more like that observed in studies overseas. Members of U3A tend to come from backgrounds which reflect high educational attainment.

Prior Participation

Houle (1961) identified a tradition of educational participation as a possible factor in encouraging participation in adult education activities. As Table 5 shows, 30% of the participants had been involved with a non-U3A course involving more than 10 hours of instruction in the 12 months prior to the survey, or were currently enrolled in a non-U3A course. The percentage jumps to over 60% if the extent of 'recent' participation is broadened to include those who had been similarly involved within the five year period prior to the survey. U3A members appear to show a tradition of prior participation.

A perception that U3A members tend to be quite active persons who like to get out and do something intellectually challenging was further reinforced by responses to a question asking whether participants had attended non-U3A lectures, talks or short courses offered by organizations such as churches, museums, libraries or clubs in the last 12 months. Fifty-nine per cent indicated that they had done so. To a related question asking members to think ahead about whether or not they might become involved with some specific

learning activity not offered by U3A, nearly 63% thought not. Additional evidence that U3A members tend to be 'doers' is found from consideration of participants' leisure activities outside the home. Only five per cent of participants had not undertaken leisure activities (e.g., social functions, visits to the theater, etc.) outside the home, in the 12 months prior to the survey.

Table 5: Last involvement in a non-U3A course involving more than 10 hours instruction (n=764)

Previous Study	%	
Never	10.1	(n=77)
More than 10 years ago	18.6	(n=142)
6 - 10 years ago	9.7	(n=74)
1 - 5 years ago	32.1	(n=245)
Less than 12 months ago	13.9	(n=106)
Currently doing a non-U3A course	15.7	(n=120)

Principal reasons for joining U3A

Table 6 shows that the acquisition of new knowledge is by far the single most important reason for joining U3A, a not unexpected result since the organization's major aim is the provision of educational opportunities for third-agers who wish to pursue learning for its own sake.

Table 6: Reasons for joining U3A
(A = primary reason; B = secondary reason)

Reason	A (%)	B (%)
New knowledge	68.1	19.0
Mix with stimulating people	24.8	34.2
Curiosity	22.8	11.2
Personal satisfaction	19.6	41.9
Escape daily routine	14.7	9.7
Make new friends	13.4	19.9

N.B. The percentages exceed 100% because many participants listed more than one category as their first and second choices.

The second most important responses (Column B) reveal an important social expectation of U3A. The frequency of responses which are "person" oriented (to mix with stimulating people, to make new friends) rather than "product" oriented indicates that members rate social interaction as very important in U3A. These results are in accord

with Boshier and Riddell's (1978) findings which report that cognitive interest was rated highest, followed closely by social contact factors.

Management Committees of many of the independent Australian U3A campuses appear to be intuitively aware of the importance members place in socialising and have established social subcommittees whose principal role is to develop activities which will bring members together in a "getting-to-know-you" environment, such as theater evenings and picnic-in-the-park activities. These social activities are reportedly very popular with many U3A members.

Health

Better perceived health has been linked to continuing education participation in later life (Bynum, Cooper and Acuff, 1978). Most older Australians consider themselves to be in good or excellent health. A joint survey undertaken in 1981 by the Australian Council on the Ageing and the Department of Community Health and Services (ACOTA & DCSH, 1985) found that 20% of people aged 60 and over rated their own health as excellent, 47% rated it as good, 28% as fair and 5% as poor. Table 7 shows similar results although, in general, U3A members consider themselves to be in better health. The stereotype of the frail senior citizen is not applicable to Australian U3A members.

Table 7: Members' Health (n=757)

Health	%	
Excellent	24.8	(n=188)
Good	53.5	(n=405)
Fair	20.2	(n=153)
Poor	1.5	(n=11)

Financial security

Overseas studies show financial security to be another correlate with participation; older adults without financial problems are more likely to participate in educational activities (Leptak, 1987). The issue of personal finances is a sensitive one for older Australians due, in part, to continuing uncertainties about the Federal Government's position on means testing of retired persons' eligibility for old age and sickness benefits. Consequently, it was decided not to attempt to put a dollar range on U3A members' incomes for fear that such a question might discourage respondents from replying to the entire survey. Instead, participants were asked in general terms to indicate their

perception of their financial situation compared with others in their age group. The results are summarized in Table 8.

Table 8: Members' finances compared with others in a similar age group (n=748)

Finance	%
Above Average	10.2 (n=76)
Average	75.8 (n=567)
Below Average	14.0 (n=105)

The U3A movement in Australia has the potential to be attractive to a very broad spectrum of older learners. There are no educational prerequisites, courses can be offered from a variety of venues at times which are convenient to the user, there are no course fees other than those involved with cost recovery (for materials, hire of facilities etc.) and the nominal annual membership fee, which ranges between $10 and $25 in the various campuses, is unlikely to be a deterrent except, perhaps, for those on very low incomes. However, the data in Table 8 suggest that U3A participants tend to be financially secure. A further indication that this may be the case can be inferred from one of the responses in the questionnaire to a range of suggestions for possible extension activities. Nearly 30% of participants expressed interest in U3A developing two or three week long cultural/educational visits to overseas countries. This option would be quite expensive and would certainly exclude those who rely primarily on a government aged persons pension.

Interests Profiles

The UQOR instrument allows profiles to be graphed for a number of education/leisure categories by gender as well as age range (under 65 years of age, and 65 years and over). Such profiles make it possible to identify at a glance those activities which are likely to be of greatest (or least) interest to the group of older learners whose interests are being surveyed.

As an example of the type of information which was obtained from the survey, Figure 1 shows average profiles for females and males aged 65 and over for all survey participants. As might be expected the individual campus profiles for the same age grouping show variations from these average profiles. The differences between male and female educational/leisure preferences are quite obvious in a number of categories. Females rate literature-related activities as being of greatest importance. Males rate study

as being most important. Literature and art are important for both groups. Activities involving hobbies are of some importance for males but are quite unimportant for females.

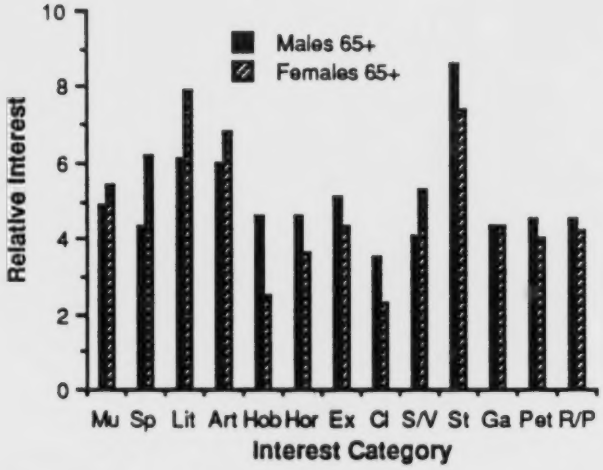

Figure 1: Differences in interests amongst U3A males and females aged 65 and older
Key: Mu = music, Sp = speech and drama, Lit = literature, Art = art, Hob = hobbies
Hor = horticulture, Ex = exercises, Cl = clerical, S/V = social/voluntary, St = study
Ga = games, Pet = care for pets, R/P = study of religion and politics

The 'average' Australian U3A member

A thumbnail profile of the average Australian U3A member in 1991 provides a convenient way of summarizing a number of the principal findings of this study.

The average member is in her sixties, and she has an interest in activities related to literature, study, art and speech and drama. Her formal education is above average for her age group and, in the last few years, she has participated in organised courses involving more than ten hours of instruction and in other leisure activities outside the home. She joined U3A, principally to gain new knowledge, but personal satisfaction and social interaction are also of considerable importance. She regards herself to be in good health and considers her financial circumstances to be about the same as those for her age group. The morning is the best time for her to attend classes, and these should be held once a week for two hours. She values her courses, whether they are of a more structured nature held in a formal classroom setting, or less formally run from tutors' homes or suburban halls, and she is prepared to do the necessary preliminary study to meet course objectives.

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Cognitive change in later life

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Everything changes with age. At any point in time, we stand looking at how things were, how they are or how they might be. We can see change from every perspective: changes in our body, alterations in the environment, variations in the culture that surrounds us and differences in the people we know. Our own habits, plans, motives and desires change with time.

People have always known that the ways we think, learn and remember change in subtle ways as we get older. This paper looks at some ancient scholars' ideas on cognitive change in advanced age. Then it reviews the work of some recent psychologists and brain scientists who have attempted to understand this change. In all this, the aim is to examine opinions on whether cognitive change in advanced age is a loss, or whether it is a normal development. To highlight this, we shall briefly look at how we might distinguish normal aging from change which results from brain disease in advanced age.

Aging throughout the ages

In his book The Psychology of Human Aging, Bromley (1974) provides a brief but rich account of writings on cognitive change in aging from ancient Sumerians, Egyptians, Greeks, Romans and several Islamic physician/philosophers. Most ancient thinkers lamented lost mental abilities in advanced age. However, there was a great deal of discussion about whether aging was a cause of intellectual decline (in a biological sense), or whether cognitive loss in aging was an effect of low levels of intellectual and physical vitality throughout life.

According to Bromley (1974), the earliest surviving medical papyrus on aging was written about 1600 BC and contains a prescription for transforming an old man into a youth. 'Treatments' involved a mix of magical incantations, religious rites and the

administration of various drugs and remedies. Along with these attempts to forestall degeneration, however, there was a recognition in Egyptian writings that status, experience and wisdom were important positive aspects of living to advanced age.

In his Rhetorica, Aristotle drew many comparisons between the aged and the young, and generally perceived aging as the inevitable loss of all the things we value. However, he did emphasise some subtle benefits of aging. While the young are able to enjoy planning and exploration more than the old, a good memory in advanced age brings with it a perspective on life which cannot be enjoyed by the young.

Plato documented declines in memory and general intellectual acuity with aging, but did not consider that these were inevitable. Rather, he thought that personality played an important part. He argued that people who were 'naturally well-adjusted and easy going' will cope with aging, while those without this disposition will be maladjusted in later years (Bromely, 1974). Plato also suggested that people who engage in intellectual and social activity throughout life will fare better than those who do not.

This theme was pursued by Cicero several centuries later, who argued that decline in aging can be resisted by physical exercise, a good diet and intellectual activity. The Islamic physicians Avicenna (980-1037) and Maimonides (1136-1204) looked at relationships between healthy aging and climate, fluid intake and exercise, stressed the value of wine and medical care and warned of the dangers of sexual over-indulgence (Bromley, 1974).

Our knowledge of how earlier civilisations viewed aging is scant, particularly from AD 300 - 1200. No doubt we have lost most of the writings. However, given human conditions at the time, it is probably true that few individuals ever lived long enough to experience advanced age.

It took strong, bright minds to illuminate the gloom of the dark ages. As with all branches of art and science, the 15th century brought fresh insights into the nature of cognition in advanced age. While many writers emphasised that mental function declined in later years, Leonardo Da Vinci was among a few who viewed memory in aging in a positive way. Here are two relevant quotes.

> Wrongly do men lament the flight of time, accusing it of being too swift, and not perceiving that it is sufficient as it passes; but good memory, with which nature has endowed us, causes everything long past to seem present.

> Acquire learning in youth to prevent the damage of old age; and if you understand that old age has wisdom for its food, you will so conduct yourself in youth that your old age will not lack sustenance.
>
> (Leonardo da Vinci, Literary Works II.1176: cited in Herrmann and Chaffin, 1988)

Leonardo, as well as the ancients, recognised that loss is inevitable as people get older. However, they had ample anecdotes as well as personal insight to know that the extent of this loss can be moderated by factors within the individual: by attitude to change and by personal vitality, which includes both intellectual and physical activity across the life span.

Recent perspectives on mental functioning in old age

Over the last few decades, scientific methods have been applied to increase our understanding of old age. Numerous research studies have compared the performance of healthy elderly people with groups of young people on a wide variety of tests of intellectual functioning. Many studies used conventional intelligence tests (see, e.g. Savage et. al., 1973). A common observation is that the elderly perform more poorly than the young, with the size of this difference increasing with advancing age.

This issue is examined in detail by Lazar Stankov (this volume). Briefly, it has been found that not all types of intellectual function decline, even in the very elderly. It appears that 'crystallised' intelligence, which includes a person's vocabulary, reading ability and ability to retrieve well-learned information from long term memory, remains intact. In contrast, 'fluid' intelligence (which includes the ability to solve abstract non-verbal problems, to complete novel tasks and to sustain attention for long periods) shows significant impairment.

Despite this picture of loss of 'fluid' abilities, it should be born in mind that poorer performance by the elderly in problem solving tasks may not always signify reduced abilities. It may be that the elderly are simply less practiced than the young on such tasks. This is likely, since a majority of studies have used young university students as their comparison groups, and these students are very practiced at completing all sorts of cognitive assessments.

In recent years, researchers have started to look for age differences in 'mental energy'. Baltes and Willis (1982) suggested that a primary difference between the young and the old is that elderly people have reduced energy reserves, and so available stocks become depleted more quickly than the young. This energy model is used to explain poorer task performance, particularly when the tasks demand a lot of 'cognitive effort', such as sustained attention or memory search.

Common sense tells us that we have a limited pool of mental energy at any point in time, and one does not need to be a psychologist to know that the very elderly have comparatively less physical and mental energy than the young. Nevertheless, these energy notions are important.

Let's consider as an example a person's ability to recall remote autobiographical information. It seems to be the case that healthy elderly people can recognise past life events very accurately. As well, they can recall them with a fair degree of clarity. However, it is also true that, in comparison to the young, older people are less able to recall ancillary or contextual information when they are thinking of a particular memory (Holland and Rabbitt, 1990). The context, such as the order of preceding or subsequent events, or the names of people and places, may not 'come out' with a particular memory. Holland and Rabbitt (1990) suggest that the accurate recall of context requires additional cognitive effort, which the elderly are not able to apply to the task. One possible result of this lack of energy is that different memories may become confabulated, where 'irrelevant or erroneous' information is recalled, and the person does not find it easy to 'edit' this information out of awareness.

Again, this may not be news to many elderly people. However, many researchers are starting to compare these subtle types of impairment in healthy elderly people with the types of cognitive loss found in people in the early stages of dementing diseases or other brain pathology (Baddeley et. al., 1986).

To sum up this very brief and selective review of a complex field, I think that there is no strong evidence to show that the elderly have poorer performance than the young in most cognitive functions. Many gross 'differences' disappear when both groups of people are given equivalent practice and are equally familiar with the mental tasks (Perlmutter and Mitchell, 1982). As well, a great majority of mental functions required for daily living, such as language, reading, writing, comprehension, mental arithmetic and long term memory, show very little change across the life span. Age changes are more subtle, and often can only be demonstrated using complex laboratory tasks.

While not dismissing the importance of memory research with the elderly, it should be born in mind that, if a difference between the young and the old is found, it might just be an artefact of the way we are measuring memory. Researchers may be focussing on types of memory which have little relevance to daily living for elderly people, and be missing some important elements. Before cognitive psychologists infer too much from their laboratory data, they might ponder a question asked about 1,200 years ago by the T'ang dynasty poet, Wang Wei:

> Since, sir, you come to me straight from the old country you ought to know the affairs of my native place: On the day you left had the winter plum put forth flower in front of the gauze-curtained window?
> (Wang Wei, in S. Jenyns, 1944)

The investigator, who is assessing recall of old memories (the old country), may look for recall of 'significant' information. The aged respondent may answer with information that is judged to be tangential or irrelevant. However, the respondent may not fully explain why a particular pattern of thought or emotion was recalled - we do not know what happened beside the winter plum, or behind the gauze curtain. Personal memories are too complex, unstructured and idiosyncratic to be adequately 'scored' in a data coding format.

Normal change and pathological change

After fears of death and bereavement, anxiety over the loss of mental capacity due to brain aging is one of the worst aspects of advanced age. As the years progress, we know more and more people who have succumbed to dementia, and find ourselves in the 'high risk' age brackets.

However, these fears about loss of the mind are not unique to advanced age. Recent research into dementia that arises as a complication of AIDS is a good example. Up to 60% of AIDS patients may suffer severe dementia at some stage, and mostly this is during the final stages of the disease. There is a small proportion of people with HIV infection who complain of loss of mental function while they are still reasonably healthy, and in some cases, cognitive impairment has been a primary symptom of AIDS which emerged well before other complications (Lunn et. al., 1991; Poutianen et. al., 1991). Most people living with this disease are frightened of cognitive loss, and are alert to any

small changes in the efficiency of their memory, feelings of mental fatigue and so on. Absent-mindedness can become a real worry.

There are many very difficult questions here which people face on a day to day basis. As we get older, how can we tell whether a temporary lapse of memory or our ability to pay attention, to do several things simultaneously or just to feel mentally alert, is an early sign of a dementing disease? Which cognitive changes are normal and which are not? Is change in mental function in advanced age caused by irreversible changes in our brains? Is Alzheimer's disease just exaggerated aging?

None of these questions has definitive answers at the moment, and the research literature in this field is too voluminous to summarise here. However, it is possible to offer two generalisations which have practical relevance.

First, we can look at a common 'profile' of cognitive loss in Alzheimer's dementia. If we categorise the changes as mild, moderate and severe, we observe the following pattern:

Cognitive change in Alzheimer's disease

'Mild' dementia
* increased difficulty in completing complex tasks,
* poor understanding of complex conversations,
* difficulty in dividing attention,
* poor learning of new information,
* difficulties in word or name finding.

'Moderate' dementia
* inability to recall remote autobiographical memories,
* cannot organise search of one's own memory,
* difficulty completing everyday tasks,
* poor mental calculations,
* poor orientation to time and place.

'Severe' dementia
* language and reading skills disintegrate,
* poor recognition of people and places,
* loss of conscious control over bodily functions.

(see Reisberg et. al., 1985)

Signs of moderate dementia are obvious to relatives and friends, and it is usually at this point that a person is referred to medical advice and social services. Severe dementia, of course, speaks for itself. Much research has been focussed on understanding the diagnostic significance of the symptoms of mild dementia, and hundreds of scientific articles have questioned whether these more subtle cognitive changes are due to brain pathology (for which there are no effective treatments), or due to potentially treatable problems such as severe depression, restricted cerebral blood flow and heavy prescription drug use, or simply reflect normal changes in advanced age.

There clearly needs to be more research into understanding cognitive change which is due to potentially treatable problems in aging. However, it looks as though we cannot reliably distinguish say, early Alzheimer's disease, from cerebro-vascular problems or depression by looking only at the types of cognitive changes that occur. Fortunately, recent advances in brain imaging technology, including electro-encephalography (EEG) and Positron Emission Tomography (PET), now make it possible to 'take pictures' of the active brain and to identify whether particular brain disorders are present or not. These advances are reducing errors in diagnosis considerably, and thereby improving clinical treatment of a variety of cognitive disorders in advanced age.

What about changes during normal, healthy aging? Again, I doubt whether it is possible to reliably distinguish between subtle changes in cognition in normal aging and loss due to early stages of dementia. It is probably true that for every study of people with Alzheimer's disease which points out changes to this or that type of mental activity, there is another study of the normal elderly which points to loss or change of the same mental activities.

The essential point here is that cognitive psychology is not sufficiently precise as a science to give practical help in 'diagnosing' the meaning or significance of changes in the mental functioning of ourselves and friends and family. This leads to the first generalisation alluded to earlier: there is little point in being over-vigilant and anxious about the subtle changes that occur. Unfortunately, with most brain diseases in aging, only time can tell.

A second, and very interesting question, is whether dementing diseases are a natural consequence of advanced age. Asked another way, if we live long enough, is cognitive failure more or less inevitable?

Most of us have anecdotes about people who lived into their late 90's and remained as 'sharp as a tack', and we can look to several famous philosophers and artists who were active in their tenth decade. However, these cases are not typical and we just do not know what would have happened to the mental functions of most people who die before reaching very advanced age.

There is a wealth of research literature on this issue. Recently, Decker (1987), Drachman (1989) and Khachaturian (1989) reviewed studies of brain pathology (such as cell death and changes in brain chemistry) in normal and 'pathological' aging. In general it seems that many of the gross changes that are found in brains of people who died with Alzheimer's disease are also present in healthy elderly people. Certainly, many of the well-known signs of brain pathology, such as the formation of 'senile' plaques, tangles in nerve cells and degeneration of cell structure, as well as diminished amounts of certain chemicals, such as acetylcholine and noradrenaline, are often found in the brains of people who showed no signs of dementia prior to death. It is possible that many of these non-demented people were in the early stages of a common disease.

However, there is some key evidence which suggests that Alzheimer's disease is not part of a natural progression in advanced age. It seems that, in Alzheimer's disease, the most severe pathology occurs in the youngest patients. As well, it is the younger Alzheimer patients who have the most severe loss of mental function. In sharp contrast, we find that, in non-demented people, the greatest loss of cells occurs in the oldest people (Decker, 1987), and also that the greatest change in mental function occurs in the oldest healthy people (Morris and Kopelman, 1986). Together, this evidence suggests that dementia is a disease which is superimposed upon an otherwise normally aging nervous system, and is not a natural progression.

This leads to a second generalisation which is of practical importance. Dementia in advanced age is not to be expected as we live longer. While it may be the case that up to 20% of people do succumb to this disease, this means that the vast majority are unlikely to suffer serious declines in mental function, no matter how long we live.

Successful aging and cognitive health.

On this brief trip through some diverse and colourful fields we have picked just a few flowers. Cognitive change in aging has been a source of wonder throughout history. In recent years, we have begun to describe both the gross and subtle changes which occur in the presence and absence of age-related brain disease. Brain scientists are now

concentrating on changes that occur in mental effort with aging, and how these energy notions might help explain alterations to the way we think, pay attention and remember. While there are many more words in our research literature now, the primary ideas hark back to the ancients, such as Plato and Cicero, who spoke about mental vitality and wondered about ways to preserve it.

Since most people do not suffer brain disease, and given the fact that, in western societies at least, people are living longer, healthier lives, it is becoming more and more important to find answers to the ancient questions. I am confident that, in future papers in this University of the Third Age series, a great deal of attention will be paid to understanding factors which are important for successful aging. We are fortunate to live in a time when medical science is forcing physical diseases to retreat. The challenge now becomes one of finding ways to preserve cognitive health in advanced years.

Some of the push for greater intellectual involvement by elderly people comes from individuals who are expressing mental energy they have always had. But of course, none of us are brains in isolation. What I found with U3A was the beginnings of a social movement, which will ultimately become self-sustaining and develop its own vitality. A bit like a community of free thinkers under an olive tree, which is where all good universities begin.

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Consultations with older people as part of policy making in the Commonwealth Department of Community Services and and Heath

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Introduction

This afternoon I want to share with you some thoughts about why consultation with older people is important, what role such consultation can play, and how the Consumer Forums for the Aged have developed as one component of the consultation process in the area of Commonwealth aged care policy development. Finally I would like to explore how we should be striving to make the consultation process work even better.

In 1989, the Commonwealth Department of Community Services and Health articulated its policies about the social justice aspects of all its programs. These included that consumers have the right to participate in the development of policy as well as in decisions about actual outcomes of service delivery. These statements apply both to services operated by the Department and those it funds.

1. Why consultation?

When we speak of broad community consultation, it has to be recognised that "the community" comprises many different groups, with many different viewpoints. Some of these groups are better organised and more articulate than others; they vary widely in the resources they can call upon to get their views across. They also vary widely in the skills they have. Essentially, these differences add up to differences in power, and there is a recognised need to give some of the weaker voices more strength. The balancing of voices that are to be heard is itself one of the main rationales for consultation.

2. Rationale for consultation and why it has become an increasing feature of aged care

Four reasons can be given for developing consultation in the human services field.

First, consultation enables a balance of interests. Individual consumers have often lacked power vis-a-vis others with whom they come into contact in receiving care. In the past, relationships between providers and clients were often paternalistic; they offered services for people. More recently, individuals have come to take a more active role in determining their service needs and providers have come to work with individual consumers. Without consultation, input into policy making is readily dominated by the interests of providers, professional groups, administrators and others who are not recipients of services.

Second, consultation recognises consumer sovereignty, that individuals know their own needs and often know the kinds of help that would suit them best. The main function of consultation here is to enable input to policy and service development by those who are most affected by the outcomes - the users of services. This is not to say that every individual knows the best way of getting that help; a major limitation here is the lack of knowledge about available options.

This leads directly to the third key role of consultation - that of education. Such education is a two way process, for providers and bureaucrats to learn about the needs of actual and potential clients from the consumer perspective, and for consumers to learn both about the service system and how to have an impact on policy within the funding body.

Fourth, consultation is one means of providing accountability. Accountability is important as people have a right to know about the services that are provided for them. Consultation provides one avenue of getting this kind of information. Accountability here is not just in financial terms, although this is important. In the broader sense, accountability means that someone must answer for outcomes of policies and programs to the intended beneficiaries of those programs. These groups are entitled to be involved in decisions about outcomes of programs operated on their behalf, and if these outcomes are found wanting, the group should be able to voice their views about preferred results and how they might be achieved. Consumers should be able to be involved in management committees of their services as well as having opportunities to articulate their needs on an individual basis.

Three further factors contribute to the particular need for consultation with older people on aged care issues.

First, older people have not had much opportunity to have input to policy and program development until recently. Older consumers have not been given the resources to enable them to have their views represented, and so often have been a weak and belated voice not easily heard over the better organised and more vocal groups in the community. In addition, negative stereotyping of older people has led to the assumption that as people get older they have less to contribute. Consultation with older people is one way of reinforcing positive attitudes about their role.

Second, as clients and carers, older people have a distinct and different point of view from that of providers and professionals. And this is a legitimate point of view. Without formal consultation mechanisms, older people lack other avenues of expressing views about services. There is often little or no choice of other services. Individuals often cannot exercise one of the basic tenets of consumer sovereignty to take their custom elsewhere as they might in shopping for other goods and services.

Third, consumers have shown that they have a valuable input to make. Consumers have been very effective contributions to consultations held by the Commonwealth Department of Community Services and Health in consideration of user rights in residential care and HACC. In earlier inquiries, some of the most powerful evidence has come from individual older people. And I would emphasise that this evidence has not always been negative and critical, but has rather been testimony to the positive outcomes that can be achieved when older people and service providers work closely together.

3. History of consultation

The recent history of consultation is a revealing one.

Several of the inquiries into aged care in the late 1970s and early 1980s drew on submissions made by a wide range of groups interested in different aspects of aged care. In the early inquiries, this input was dominated by provider groups and the bureaucracy. Later consultations saw a shift, the most notable new groups of entrants being professionals and consumers; the former often made submissions on behalf of their clients and acted as their advocates in hearings.

It is significant that of all these exercises in the last few years, the consultations involving the greatest consumer input aroused the greatest response. The 1989 Ronalds report on Residents Rights in Nursing Homes and Hostels met with vigorous debate at all community consultations and widely divergent views were expressed. The strength of this response is perhaps the best evidence of the need for consultation, and that many viewpoints would have otherwise been denied expression. This report had a pivotal impact in the development of a consumer focus in several key programs across the Department.

4. The Consumer Forums for the Aged

4.1 *Origins*

Let me now take a little time to outline the development of the Commonwealth Consumer Forums for the Aged.

The origins of the Consumer Forums for the Aged lie in the report on Residents Rights in Nursing Homes and Hostels, better known as the Ronalds Report. That report found that older people living in residential care, and those in the general community, had little opportunity to comment on the impact of government programs on their lives.

Two consultative mechanisms were recommended, one informal and one formal. The informal mechanism was to be achieved by developing capacity in the Department for on-going consultation with individuals receiving services. The formal mechanism was recommended as a small network of older people who could meet regularly to provide advice and assistance to government, and feedback to the community. It was recommended that the people in this network be selected on the basis of their representational capacity and not because they were members of any particular organisation.

4.2 *Establishment*

The Consumer Forums for the Aged were established by the Minister, Mr Peter Staples, in late 1989. The Minister has stressed two significant features of the Forums. First, they are the first formal mechanism that has been created at Commonwealth level to give older people a voice in the policy making process. While the involvement of older people has been growing in recent years, it has been intermittent and consumer groups have lacked the organised channels of access that have been available to provider groups. The Forums go some way to balancing the input from the groups that have dominated to date.

Second, the forums are an expression of the consumer focus and emphasis on access and equity that have come to characterise Commonwealth policy in health and community services. The Forums are one of a number of bodies that have been established to give greater recognition to consumer views.

Working to establish the Forums was one of the first tasks of the Office for the Aged on its relocation to Canberra, and represented an important expression of the consultation function of the Office. Having a Forum in each State is seen as a very important means by which the Office can keep in touch with developments across the country.

4.3 *Membership*

The process by which members of the Forums were selected involved the Minister inviting a wide range of organisations to put forward nominations from which he chose the members and the Chairpersons. These organisations are all community based, consumer groups; they include: Councils on the Ageing, the affiliates of the Australian Pensioners and Superannuants Federation, carers groups, the Alzheimers Association, retired union groups, ethnic communities, aboriginal groups, the Returned Services League and Country Women's Associations.

While nominated by organisations, the twelve members of each forum serve as individuals, not as representatives of the organisations which nominated them. This basis of membership reflects their broader "representational capacity", as set out in the Ronalds report. That is, rather than representing one single group, these individuals have the capacity to represent the interests of older people more widely.

The great majority of members are involved in a number of different groups in the community and have served on a variety of committees dealing with issues of concern to older people over time. It would be difficult for many of them to say they represent one organisation more than another. It is this breadth of experience, not belonging to a particular organisation, that gives them their representational capacity. In this capacity they can both provide information from their networks to the Minister and, in reverse, offer information back to their constituencies.

Two typical profiles of the members illustrate their wide experience and current interests.

Mrs. J. is now 73 and has been a widow for the last six years. She is:

. a member of a State based action group for older people and has worked with the State body looking at elder abuse.

.She served on one regional committee on housing of the aged and on another regional body involved in planning health care services for the elderly.
.She has also served on a State ministerial advisory committee on women's housing needs.
.She is able to manage all of this in addition to acting as a group leader for an older persons' fitness program.

Mr W is 69. He
.is only recently retired
.maintains an active interest in union activities, following on from his development of a cooperative firm in his working life
.is a carer, looking after his wife who had Alzheimer's Disease.

These profiles may seem like composites, but I can assure you they are real, multi-faceted people.

The National Forum comprises the chairpersons of the State Forums and a number of individuals from key consumer organisations. The Chair of the National Forum is Sir William Keys, who took a leading role in the early consultations on user rights.

4.4 *Functions*

The Minister set out the Charter under which the Forums operate. It has four clauses. They are to:

- advise on matters of concern to older people which are in the Minister's portfolio areas of responsibility
- advise on the effectiveness of present programs
- advise on additional strategies which may be required, and
- report to the Minister on views of older people, and report back from the Minister to the members' networks.

The Forums report directly to the Minister, and he communicates directly with them. The role of the Office for the Aged is to bring information from the Forums into the policy development process in the Department. The Forums give older people a regular and recognised channel for this input instead of having to rely on the somewhat ad hoc opportunities that arose in the past.

Secretariate officers in each State support the Forums; their roles being to service the Forum meetings and provide information in response to members' requests. The provision of these resources is most important if the Forums are to function effectively,

but we recognise that the most valuable resource is the time that the members themselves put into the Forums.

Consultation through the Forums is a two way process. At times, matters will be referred to them from the Minister. An example of this is the reference to the Forums of the residential care user rights initiatives. Most of the time, however, the Forums will raise their own issues. Given the very wide range of issues they could examine, the Forums have taken several steps to define a manageable agenda.

The second round of forum meetings, in early 1990, took the form of search conferences. Allan Davies from the University of New England acted as facilitator. The aim of these search conferences was to identify priorities for the Forums to work on. Of the priorities identified in each State, there were a number in common:

- consumer rights, consultation and representation
- support for carers
- issues concerning home and community care
- the distribution of services in rural and remote areas
- accommodation issues.

The search conferences also canvassed the ways in which the Forums could work on their priorities. A number of Working Groups have been developed in each Forum, and these meet between the quarterly meetings and present progress reports to those meetings.

One of the key issues dealt with by the Forums last year was the Industries Commission report covering the National Acoustic Laboratories (NAL). Almost all Forums responded very strongly to the Minister against the recommendation to disband the NAL in its present form. This advice, together with similar comment from other sources, contributed to the Government's decision not to accept the Industry Commission's recommendation but to retain the NAL in a more effective form.

In 1991, the Forums have been set several tasks by the Minister.

Firstly, to be centrally involved in the series of consultations on the Mid Term Review of Commonwealth Aged Care Strategies. Three rounds of consultations are being held throughout Australia on the discussion papers produced for that Review. The State Consumer Forums are the central organising focus for these consultations.

Secondly, to provide comments on the implementation of the recommendations from the report of the House of Representatives Committee on Community Affairs inquiry into the community involvement of older people. This report entitled "Is Retirement Working?", raises some key issues about the status of older people in the community.

Thirdly, the Forums were asked to give consideration to the development of an information strategy for aged care services. Forum members have had first hand experience of the usefulness or inadequacy of information provided on a range of services and government policies. It is this experience which the Minister is keen to draw upon in developing more effective ways of providing information.

In all of these issues, the Forums have very ready contact with a large number of older people. If each member belongs to just one organisation which has 100 members, and there are 12 members in each of 8 Forums, this network extends to some 10, 000 people across the country. Many of the organisations, such as the Combined Pensioners League, the CWA and the RSL are much larger. The Forum members can both draw on the views of the people in the groups to which they belong, and convey information to them through their newsletters and other channels. Again, this extensive network means that members do not just being the views of a single organisation to the Forums.

5. Other forms of community consultation

While the Consumer Forums for the Aged are relatively new in the aged care field, they are not unique. A number of other consumer consultative bodies have been established in recent years, and they each operate in slightly different ways in their own context.

At the Federal level, the Disability Advisory Council of Australia (DACA) grew out of the initiative of the International Year of Disabled Persons. It has proved very effective in providing advice to the Commonwealth Minister for Community Services and Health, Mr Howe, on disability related matters.

Liaison between DACA and the Consumer Forums for the Aged is achieved by having a person with close ties to DACA on the National Consumer Forum. Having this cross linkage can be counted as one of the first achievements of the Forums as it arose from concerns expressed at the first Forum meeting about the situation of ageing people with adult disabled children.

Another consultative body to the Commonwealth is the Consumers' Health Forum (CHF), set up in 1987. The CHF has representatives on a number of departmental committees, including research committees of the National Health and Medical Research Council.

More generally, it is of interest to note that the National Consumer Affairs Advisory Council - responsible to the Minister for Consumer Affairs - recently turned its attention to issues of older consumers. The Council conducted a national public forum at which a range of issues of concern to older consumers, including lifestyle and accommodation options, were discussed.

State Governments have also set up a range of consultative and advisory groups on older people. Most of these include a mix of professionals, providers and administrators together with consumers. These committees are supported by the State equivalents of the Commonwealth Office for the Aged, such as the NSW Office on Ageing, the Victorian Older Persons Planning Office and the Office of the Commissioner of Ageing in SA.

Consumer representation has even come about in the vexed area of Commonwealth/State relationships. Consumer groups are represented on HACC Advisory Committees which provide advice on planning and service development issues.

There are other forms of consultation operating in the community rather than at government level. Residential care facilities are establishing Residents Committees, and other agencies are including consumers on their committees of management.

6. Making community consultation work

How can we make consultation work?

Community consultation may readily be seen as tokenism. It can be, unless steps are taken to make it work for specific purposes. The following comments on more effective consultation are drawn from discussions in the Consumer Forums for the Aged. They relate both to the functioning of the Forums themselves and to consultations that the Forums are considering to inform the wider aged community about their role and to gather information for their working groups.

At least three purposes of consultation have been identified for the Consumer Forums for the Aged. These purposes are also relevant to many other consultative processes. They are:

- networking, which aims to bring older people together to identify their common interests and provide a basis for community organisation and development.

Networking, as the means of gathering information and providing feedback, underlies the other two purposes;

- information gathering, to obtain the views of older people to guide policy development. The charter of the Forums stresses the information gathering role as a part of providing advice on government programs.
- education, to impart information to older people on policy and programs.

Once the purpose of any consultation is defined, a number of strategies can be adopted, some of which are more relevant to some purposes than others. Matching the appropriate strategy with the purpose goes a long way to ensuring successful consultation.

- Firstly, where does the consultation come in the policy process - at the beginning, to define the issues, in the middle, to explore them and make recommendations, or at the end, to review policy proposals? If participants are not informed of the place of the consultation in the policy process, they are likely to be disappointed. Early consultations may be frustrating because nothing appears to be resolved, while late consultations may be taken as presenting fait accomplis. The Consumer Forums are still in the middle of struggling with this issue.
- Should the consultation be one-off vs ongoing - is it concerned with a single topic, and a short-lived one which must be resolved in a set time table, or is it a continuing issue or set of issues? The Minister opted for the ongoing option for the Forums; other specific issues - such as the Aged Care Review - have called for one-off consultations.
- Which format is most appropriate - small group workshops or large meetings? The former are essential for information gathering, the latter may be suitable for imparting information and education.
- The provision of background information is essential to ensure that participants have some common ground and that the issues for consideration are known. At the same time, consumers are rightly suspicious of being snowed by mountains of documents, as has been borne out by many of the comments from members of the

Consumer Forums. It is important to get the balance right if we are to provide information effectively.

- The consultation process itself must be structured, in time and in the roles taken by different people - as group leaders, as rapporteurs and so on. Leaders or facilitators need special skills in ensuring that all participants have a say and that discussion progresses, rather than going round in circles or getting bogged down in side issues.
- If there are differing viewpoints on specific issue consultations, should they be held with each group, or should the groups be brought together? More than one round of consultation may be required in this case. One of the reasons for bringing groups together is that they come to hear and hopefully understand, if not accept, the viewpoints of others. One of the real successes of consultation has been that differences between groups are often not nearly as great as appears, and the common ground often far outweighs the differences.
- Arrangements have to be made for reporting and feedback. Technology has fortunately moved us beyond the butchers' paper to the photocopying white board.

7. Conclusion

Consultation with consumers may at times seem threatening. Why are bureaucrats like me nervous at the prospect of hearing about the impact of what we are doing from those who are at the receiving end? Such apprehension is not a reason to withdraw from the process. It is a reason to be more upfront about the need for consumer input into decisions which affect their lives. Seeking consumer responses is after all the basis of developing successful products, be they consumer goods or personal services.

Consultation with consumers does not mean theirs is the only voice, nor that it will always prevail. But of all the voices that can make a claim to be heard, the most legitimate is that of the consumers who are most directly affected by the actions of policy makers and providers. Consultation simply means giving the consumer voice the opportunity to be heard. Hearing what consumers have to say is surely the starting point for government, providers and consumers to provide the best policies and services possible.

NSW Council On The Ageing

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NSW Council on the Ageing (COTA) is a Peak State Council of a diverse range of community groups, organisations and individuals representing older people in NSW. It is independent and apolitical.

History

In 1956 the Older Peoples' Welfare Council of NSW was launched and it was not until 1969 that the name was changed to the NSW Council on the Ageing. Initially the aims of the Council were:

- to ensure better standards of accommodation and provision of services to assist older people to live at home

- to establish closer contact between the three levels of governments, church and voluntary agencies in providing services for older people.

In its first year the Council conducted a survey of local government areas which resulted in the establishment of 20 Clubs for Elderly Citizens in the Sydney Metropolitan area. These subsequently evolved into the existing Senior Citizens Clubs and Centres. Council, in 1958, organised the first 'Old Peoples Week', which later developed into NSW Senior Citizens Week.

COTA goals

COTA's principal goal is to promote and assist the well-being, rights and interests of all older people in New South Wales, irrespective of their socio-economic, ethnic or religious background, in order to maximise the individual's involvement in, and contribution to society.

A number of beliefs underpin the operations of the Council. These are:

- that older people have the right to independence and personal security (physical, mental and financial);
- that older people have the right to live with dignity and die with dignity;
- that older people have the right to equitable access to services appropriate to their needs and wishes (including home support, housing, health, transport and other service needs);
- that older people have the right to comprehensive information and advice about available services, on which they can base informed choices;
- that physical, cultural and financial disadvantages must be eliminated; and
- that older people have the right to live in a society which is free from discriminatory attitudes and behaviour based on negative social attitudes to ageing.

NSW COTA identifies and responds to the needs of older people and initiates new programs. Examples of the latter include Meals on Wheels, Volunteer Centre of NSW, Carers' Association, Voice of the Elderly, and Resident Funded Housing Association, all of which are now independent organisations.

In addition, NSW COTA acts as an advocate and lobbyist for older people to government and non-government sectors, as well as monitoring available services and resources for older people, identifying priorities, and endeavouring to effect change as appropriate. It also conducts research into current issues relating to the needs of older people as a further information base for policy development. Policies covering issues of age discrimination, aged accommodation, accessible transport, older people from non-English speaking backgrounds, and so forth, are used extensively as resource material by service providers, students and libraries.

The Council's strategy is to:

- inform the community about available services for older people e.g. accommodation, employment, financial matters, health, welfare transport, leisure and learning;

- develop and promote new models in service activity areas in response to identified gaps in programs; and

- educate the community in order to change
  a) social attitudes to ageing and
  b) structural barriers which limit older people's participation as equal and valued members of society.

It is also essential for older people to acknowledge the contribution they are able to make to the community. The many skills and talents developed by them can be used in a variety of ways by helping voluntary organisations and community groups who rely very much on assistance of volunteers. As well as providing a valuable service, these types of activity enable the older person to meet people, establish new interests and friendships, and thereby minimise the risk of loneliness and isolation.

There are many other activities available to older people - creative interests new and old, hobbies, continuing education, sport, and fitness classes - to name just a few examples. In addition, by becoming involved in major issues, such as consumerism, finance and income, the rights of disadvantaged people, politics, conservation, quality of life and many others, an older individuals own health and well-being will be maintained.

By way of acknowledging the contribution of older people's service to society, COTA each year conducts the NSW Senior Citizen of the Year Quest. This activity recognises the achievements and personal qualities of the contestants and focuses the community's attention to the huge resource pool available in our population of older people.

The challenge to all older people is for them to take an interest and become involved. They must not allow boredom and loneliness to overcome them. Growing old is not a time of life to fear; it is a time when the opportunities for older people to pursue new interests and activities abound; it is a time which can be both exciting and fulfilling.

Healthprint: A natural history of health for older people

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Introduction

Over 90% of the health care of older people is conducted in general practice. Traditionally this role of caring for older people in general practice has been seen as a burden (Figure 1*), particularly since one of the roles of modern medicine is to enable older people to live longer. As they live longer, less and less of their diseases are cured and more and more of their diseases are ameliorated. It is no wonder that chronic illness has been the focus of much primary care over the last decade.

When we look at the care of older patients in hospitals, older patients are also seen as a deathly burden - with some justification, as most admissions of older patients occur in the last two years of their lives. Surgical intervention usually occurs at this late stage.

Operations on the musculoskeletal system are quite prevalent. (Figure 2). This is a graph of hospital admissions for musculoskeletal surgery in New South Wales hospitals in the year 1986. The number of admissions is in the vertical axis and the age range of the patients is in the horizontal axis. The unbroken line is for males and the broken line is for females. As we can see there are a lot of admissions in the older age groups above 60 years of age. For women, this probably reflects the end results of osteoporosis and problems with balance - hip replacements, wrist fractures and so on.

Similarly, admission for surgery on the skin and conditions related to skin, increase with age and are causes of increased admissions for both men and women. (Figure 3). In Australia, the sun is a number one cause of skin admissions to hospitals.

Cardiovascular surgery is increasing these days, particularly for men in their older years. (Figure 4). This is mainly for coronary artery grafting. There are fewer admissions for

* See pages 55-57 for all figures

women, which probably reflects the protective effect oestrogen has on coronary arteries. In the United States, I am sure this differential between men and women reflects a differing capacity to pay for what is very expensive surgery. With an increased emphasis on prevention of heart disease I hope the rate of this surgery can be decreased.

Problems with the digestive system are also an increasing concern. It seems that men suffer much more than women and require more admissions. Maybe this is linked to all that stress and those ulcers. As you can see for men, it really increases in the last few years of their lives. Perhaps, this could be because they have not got their wives around any more to look after them and the cooking goes downhill. (Figure 5).

To a lesser extent conditions of the urinary tract especially, or should I say only for men, the prostate gland, cause problems during later life. Talking about surgery of the genito-urinary tract, of course, there are some conditions that decrease with age and you will be happy to know that not many men go into hospital to have circumcisions done in their mature years.

Reorientating the Vision

The hospital scene paints a pretty bleak picture of growing old. I suppose that is what this conference is about today, repainting the picture and drawing a new picture of older age. As Maggie Kuhn, the founder of Greypower in the United States might call it 'the coalition of aging'. The Kuhn view on aging is about being able to test new life styles and new structures without fear, being able to call on wisdom and, of course, being able to outlive your opposition.

The medical profession has long been trapped in the process of curing disease. We used to be pretty good at it. I think it was mainly due to antibiotics. Now we are having more trouble curing and, really, what we are mainly doing is prolonging life with illness.

Many studies have shown that staying healthy not only effects the way you feel about yourself but also has an impact on your illness status. We all know certain things we do every day make us feel good. Feeling good makes us feel healthy and stay healthy too. Every person has different things that make them feel good. (Figure 6).

The focus of my doctoral thesis was to find out what sort of things make older people feel healthy and how we (by we I mean medical practitioners) help older patients stay healthy. I interviewed a group of older people in Sydney who were attending what I

would call a University of Third Age. It was called the ALERT Centre and it stood for Adult Learning Education Recreation and Training. The ALERT attendees who were all older people, some with severe disabilities and handicaps told me what they thought were the things that make them feel healthy and stay healthy.

Finding Health

Activities were very important certainly. With our hot summers, swimming has been an excellent activity for older people. (Figure 7). Other outdoor activities include walking and gardening. Indoor activities are also very important for maintaining health: balanced diet, knitting, showering, doing the housework, listening to music, consuming alcohol, watching television and reading.

All of you here today know the importance of having a range of interests to keep you healthy but both activities and interests are things we do with the outside world. The contacts which we make in the outside world are particularly special. (Figure 8). Our families, our grandchildren, our pets, young friends and volunteer workers are all important. (Figure 9). It is also important the way we talk with our contacts so the methods of communication are very important as we grow older. (Figure 10). Not only talking to neighbours over the back fence but also talking at functions like this and raising the profile of older people.

Finally, my friends at the ALERT Centre told me two things, I must admit I hadn't realised. The first was a comment about the negative way the world views older people and the difficulties older people have in shaking this view. Independence is a very important feature of staying healthy. Independence may not mean physical independence but may mean the independence of spirit that we have that keeps us alive from day to day. In some way it related to the way the outside world chooses to view us. (Figure 11). In other ways, it is the way we view ourselves and the way we feel inside about our state of mind. (Figure 12). By focussing on our own health and developing strategies to improve our health and identifying what our health is, we can take these strategies to our general practitioner. In this way, the general practitioners can share the load with us of illness and develop the role of health.

We can both celebrate the universal coalition of aging. Mark Twain once said that age is an issue of mind over matter. If you don't mind, it doesn't matter. I would add just one thing to that statement: ...but your mind always matters. (Figure 13). Stay healthy.

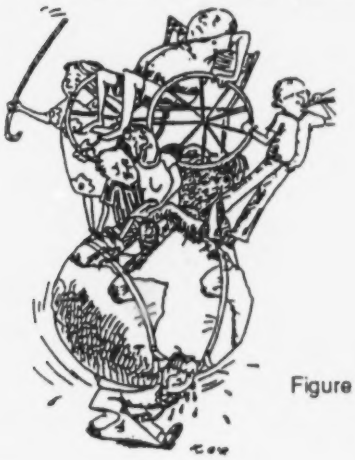
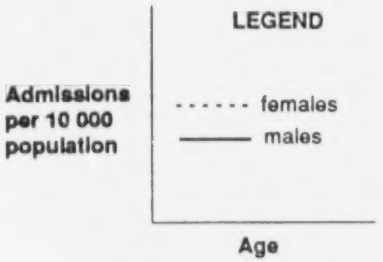


Figure 1


LEGEND
Admissions per 10 000 population
females
males
Age

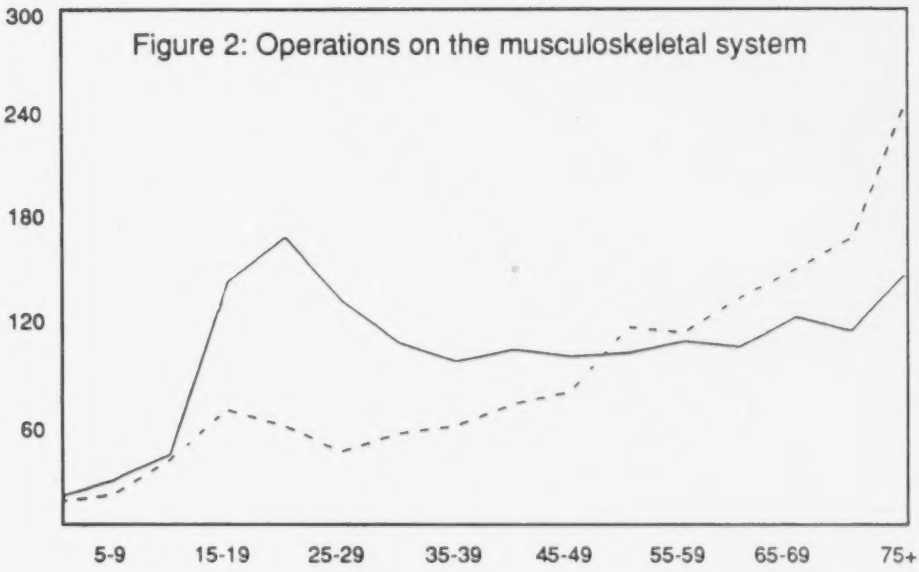


Figure 2: Operations on the musculoskeletal system
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240
180
120
60
5-9
15-19
25-29
35-39
45-49
55-59
65-69
75+

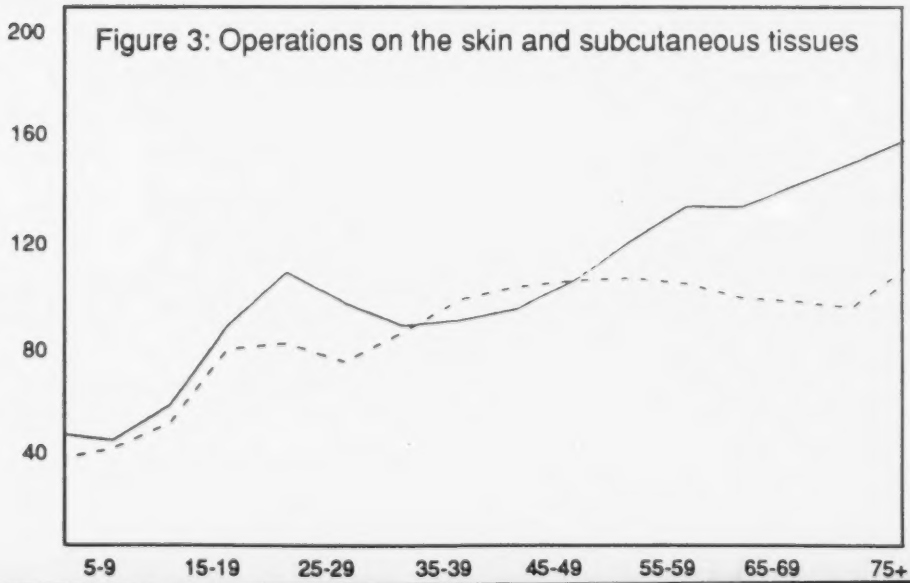
Figure 3: Operations on the skin and subcutaneous tissues
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160
120
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15-19
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55-59
65-69
75+

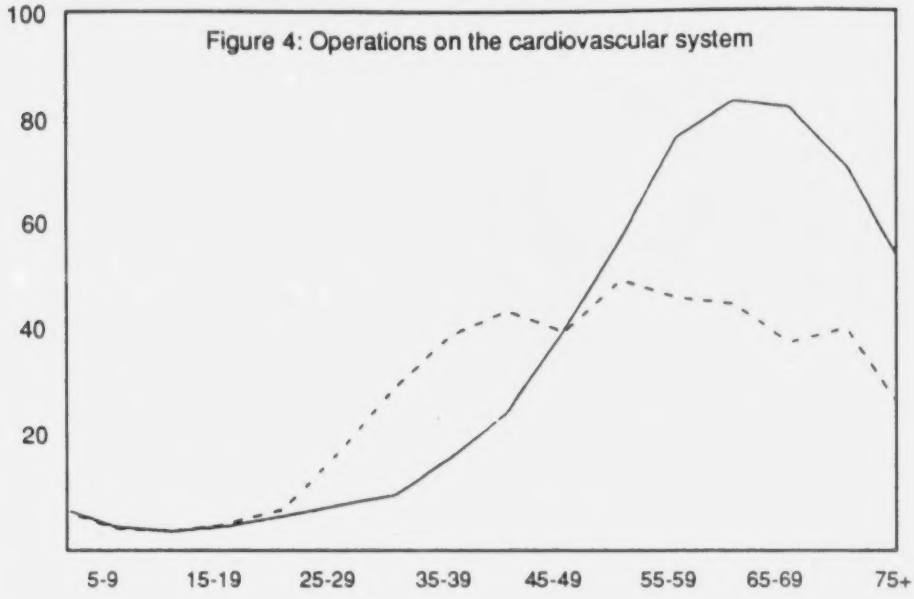
Figure 4: Operations on the cardiovascular system
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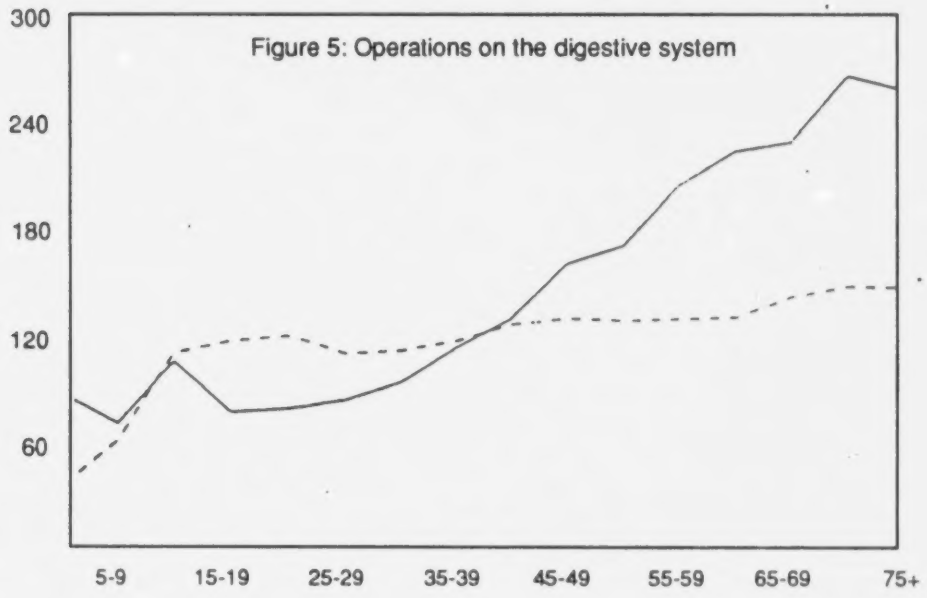
Figure 5: Operations on the digestive system
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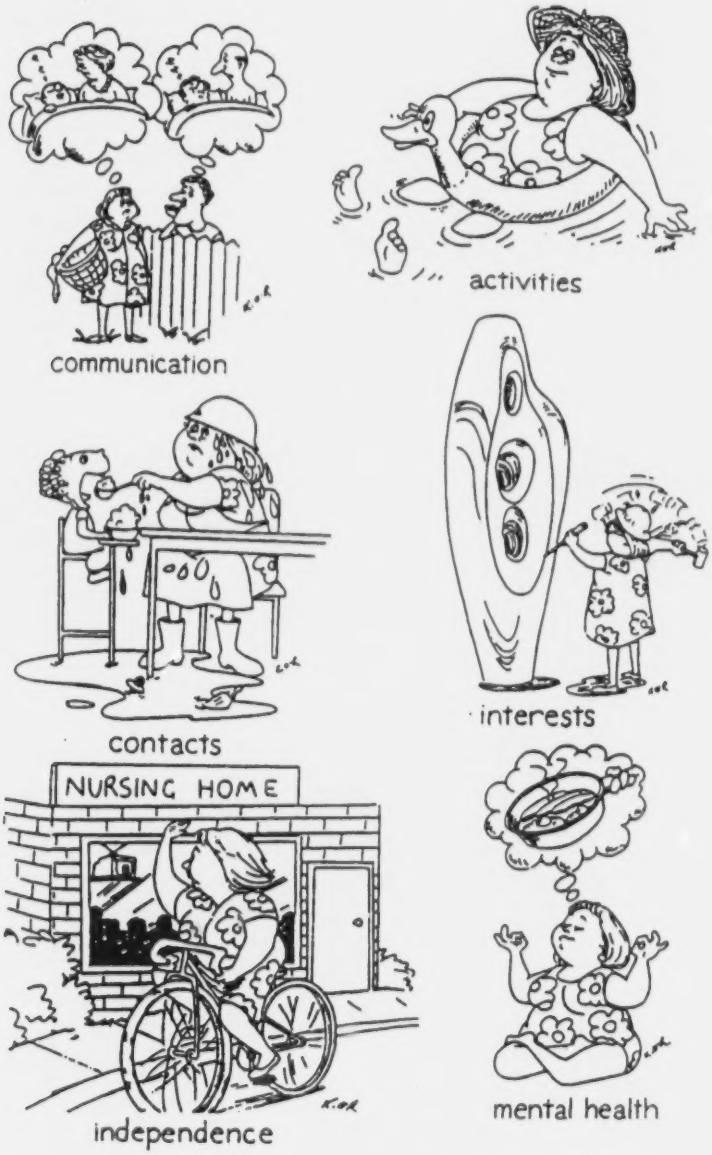
65-69
75+

Figure 6



Figures 7, 8, 9, 10, 11, 12

Figure 13

Old dogs can learn new tricks

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> You cannot teach a man anything, you can only help him discover it within himself. - Galileo.

Freud said that man was irrationally bent on his own self destruction. And looking at Western Society it would seem that Freud was correct. We could give some consideration to some of these destructive activities Western Society is engaged in - alcohol and drug abuse, smoking, fast food, fast cars - to name a few, and that is not to mention the squandering of our resources.

One of the most valuable resources we have is the wisdom, the experience, the knowledge and the mistakes of our senior citizens. But western society does not value its senior citizens. More important is the fact that, often, they do not value themselves. Too often I have heard the statements 'I'm over the hill', 'I can't remember things like I use to', 'I'm too old to learn'.

Psychologists talk about the self fulfilling prophecy. If you say you can't, then you can't. The definition of the self fulfilling prophesy is a preconceived expectation or belief about a situation that evokes behaviour resulting in a situation consistent with the preconception.

Preconceptions about the behaviour of others may serve as a focus for relationships to mould reality out of the preconception. This is often seen in the classroom when one teacher does not get on with one or two of the children but very well with others. When transferring the class to another teacher they pass on their impression - 'Watch little Billy and John they are real trouble makers, you will have no problems with Roy and David they are very bright'. With the attitude already established, the new teacher soon finds that Billy and John are trouble makers while Roy and David are bright little angels.

Examples of the self fulfilling prophesy can be seen in the history of this country - the great depression of the 1930's developed from the irrational behaviour of the investors. The rumour went around that the banks were broke and could not pay up so everyone

rushed to withdraw their money, and as the banks did not have the ready cash to pay out to everyone, the rumour became reality.

The computer people tell us if we put garbage into the computer we will get garbage out. (GIGO). The human brain is the world's most sophisticated computer and the garbage parents put into it such as 'you are a stupid, foolish, idiot'. Instead, if we put genius in we will get genius out 'Super, Fantastic, Intelligent'.

We are more intelligent than we think. We have the capacity to achieve but, unfortunately, because of that early conditioning we don't have the confidence. So what is intelligence? It is a brave man who will attempt to define this. I will not but I have found this definition that will suit our purposes.

> Intelligence: 'The general mental ability to think rationally, use memory and the knowledge to adapt to new situations'.

You have all heard about IQ tests. An IQ test measures only the base level, it does not measure the top level. Oliver, of Birmingham University, in 1950, tested a number of children who could be described as developmentally delayed. The test results showed the kids had IQ's ranging from 70 to 85. Then he put them through a programme of physical educational skills that helped enhance their self concept. There is nothing like success and the kids experienced success during the programme. Oliver then re tested the kids and found that the test results showed gains of 10 to 20 points.

John Drinkwater of Oregon University, in 1962 duplicated Oliver's work with similar results.

These results show how careful we must be when we start interpreting IQ tests results. Too many kids in the past have been damned because test results have been misinterpreted. I can recall a young student who was wanting to do a Social Work degree course and as there were four times as many applicants as there were places, tests were used to screen out the applicants. The young man was screened out and advised to do another course. He applied the following year and even though he passed (just passed) all the subjects he attempted, he was not given a place. The same thing happened the following year. However he kept trying for a place in social work and, as a result of his persistence, he was told to see me. I was told to convince him there was no place in social work as his test results did not bode well for his future in a career in social work. However, in the course of the interview, I found that despite his strong Australian accent

he was, in fact, a Russian. No wonder he had poor test results since they had been designed for Australians who had been educated in Australia. I made arrangements for him to see one of our psychologists who was Russian and, as a result, we received test scores that were more in keeping with the young man's cultural background, and his facility with the English language. He eventually completed his Social Work degree.

When we talk about intelligence we have to take into consideration the individuals' enthusiasm for the task, their application and their diligence. Some of us have high intelligence but don't use it, or don't know how to use it. Others of us have considerably less intelligence but we work to capacity. As an analogy consider two participants in a car race. If we put Jack Brabham, a world champion driver, into a very ordinary VW, and a learner driver who has only had three lessons, a kid with two left feet, into a very fast Porsche and told them they had to race from Sydney to Brisbane, who do you think would win? Probably it would be Jack Brabham because he would know how to get every ounce of power from the motor by skilful driving, while our kid with all the power would not know how to control it to best advantage.

The point of the analogy is - if you want to do something, work out what you have to do so you know how to activate all your resources. That is motivate yourself. But, you may ask, what is motivation? Motivation refers to those factors that energise and regulate behaviour directly toward achieving goals and satisfying needs. Again, this involves planning what you want to do and focussing on the object and the strategies required to achieve your objective.

Let us consider an example. Suppose you want to read for a BA in English Literature. Your planning or research will tell you what is required, such as time commitment to study, travel, expenses for books and other materials, what is required in the readings etc., your motivation for undertaking a degree - it may be a need or it may be just for the sheer pleasure of reading and meeting a personal challenge.

Dennis Waitley sums this up in his book the 'Psychology of Winning'. Winning is not about being top of the pops or beating someone, it is about beating yourself. If you were tenth last week then you are winning if you come eighth this week. You are winning even if you came last, because you participated, you enjoyed the participation, the activity. This is what winning is all about - self awareness, self esteem, self control, self motivation, self expectancy, self image, self direction, self discipline, self dimension, self projection.

It is important for us to understand the difference between 'want' and 'need'. For example, you may want a cup of coffee but you don't need it. You may not want to drink water but you need to drink water. There are physiological demands such as the need for water and food, you must have these. In the social scene you may want people to like you but you do not need them. It is important that we don't put too much into wanting people to like and approve of us. For instance, I may want you to like me but I do not need you to like me. Why should I need your approval I did not know you 24 hours ago. It is the same as comparing yourself to other people. You should not put yourself down. What you want to do is become a WINNER.

That all adds up to Winning. So if you want to do something don't be a procrastinator. The answer to procrastination is - do it now.

'I am always longing to be with people more excellent than myself', Charles Lamb.

For those who want to become winners I would recommend that the second best thing to listening to Ray Morland is to read the following books.

Wayne Dyer	Your Erroneous Zones
Wayne Dyer	You'll see it when you believe it
Maxwell Maltz	Psycho-Cybernetics
Robert J McKain	How to get to the top and stay there
Denis Waitley	The Psychology of Winning.

Normal aging and intelligence

Lazar Stankov
Reader
Department of Psychology
The University of Sydney
Sydney 2006

To a psychologist, the term 'intelligence' has many different meanings. Virtually all these meanings differ from the typical views of the lay persons. I prefer to use the term 'cognitive abilities' in my own work since this term conveys the idea that I am interested in the study of individual differences - i.e. how successful a person was in doing problem solving and logical thinking tasks of non-trivial difficulty. These tasks, we know, are important for predicting many aspects of behaviour in our everyday lives.

Fluid (Gf) and crystallized (Gc) abilities

Studies of intelligence during the past thirty years have established that there are two broad types of important cognitive abilities - fluid (Gf) and crystallized (Gc).

Fluid abilities are used whenever a person tries to solve problems that do not depend on extended education: non-verbal tests of intelligence and all those tests that employ common words, letters, or numbers belong to this group. For example, in the Letter Series test the person has to find the rule that is present in a series of letters and produce the letter that continues this series. In the following series, A C E G I K, the next letter should be M since the series consists of every second letter starting from the beginning of the alphabet. In the Matrices test, the problem is presented as a picture and the task is to fill-in the vacant space. Thus, in Figure 1* pattern number 6 completes the picture.

Crystallized abilities, on the other hand, depend heavily on formal learning provided by our school system. Good measures of these abilities are Vocabulary tests in which one has to explain the meaning of words or, say, find their synonyms. Another example of crystallized abilities is an Analogy test involving esoteric words: *Three is to Triangle as Five is to .? (Answer - Pentagon).* It is unlikely that people who did not have much of an education can be successful in performing these kinds of tasks.

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* See pages 67-68

The distinction between fluid and crystallized intelligence is useful because, among other things, it acknowledges the fact that there may be some people who have good minds despite the fact that they terminated their formal schooling early.

Life-span changes in intelligence

The distinction between fluid and crystallized abilities is particularly important for people interested in changes in thinking that take place during adulthood and old age. These abilities show different developmental curves. It is established, for example, that performance on fluid intelligence tasks starts declining after the age of twenty. Crystallized intelligence, on the other hand, increases slowly or remains at the same level until the age of 60 - 65. It needs to be emphasized that these are general trends and that there are considerable individual differences in the rate of change. Figure 2 illustrates these general trends in Gf and Gc:

It is important to note that, as a consequence of different developmental trends for Gf and Gc in an average person, the overall measure of general cognitive ability or intelligence (labelled 'G' in the diagram) remains relatively stable throughout the active working life. Not shown in the diagram is the tendency for both Gc and G to decline after the age of 60 - 65.

In addition to the developmental curves for Gf and Gc, figure 2 also illustrates the developmental trends in the effects that are assumed to influence these two types of abilities. First of all, the physiological decline in the functioning of the central nervous system starts in childhood and cumulates throughout the life span. By and large these physiological changes are irreversible. Fluid abilities are affected by these changes. Over the same period, our experiences in life and our general knowledge increase. This accumulation of knowledge tends to increase the age-related changes in Gc abilities.

The trends I have outlined are rather general and they represent averages for the whole population. There are, however, considerable differences between individuals in life-span development. To illustrate, consider a recently collected set of data involving people varying in age between early twenties and late eighties. [Most members of the oldest group came from the Chifley chapter (Penrith) of U3A.] The total number of people who took part in this research was 164 and each individual who participated in this study is represented as a dot in the following two diagrams. Figure 3a is a plot of chronological age and fluid intelligence (Gf) scores. Figure 3b is a plot of age and crystallized intelligence (Gc) scores. The shapes of the curves of best fit are very similar to the

related curves from the preceding diagram. Notice, however, that even though a relatively large proportion of the over the 60-year-olds score lower than the worst 20-year-old on the Gf tasks (i.e. in figure 3a), there are several people in their seventies who are better than the average 20-year-old person. As the diagrams show, people obviously age at a different rate and some old people are performing no worse than people in their twenties.

What mental processes are responsible for the decline in fluid intelligence?

To a psychologist, the description of the developmental trends in the above major groups of abilities is only the first step in an effort to understand the nature of the issue in question. The next logical step involves searching for the possible causes of decline.

The current scientific thinking in psychology is based on the assumption that the actual causes of decline will be found in the chemical reactions affecting the physiological basis of mental functioning. For this reason, many people believe that biologists and physicians, not psychologists, will ultimately provide us with significant clues about the causes of decline in fluid abilities. Nevertheless, prior to achieving understanding of the physiological dimensions it is necessary to be more specific in pinpointing the crucial basic psychological processes within fluid intelligence that are particularly prone to decline. A list of all possible causes is rather long. I shall mention only three here.

1. Decline in sensory processes.

It has been proposed that the reason why elderly are less able than younger people in solving the fluid intelligence tasks is due to the well-documented decline in peripheral sensory processes, particularly those of vision and hearing. But this does not seem to provide an accurate account of what happens during aging. Many studies that have examined this possibility are unanimous in showing that although both fluid abilities and sensory processes decline throughout the life span, sensory processes are definitely not the cause of intellectual decline. This simply means that one does not become stupid by taking glasses or hearing aids off.

2. Mental speed.

It is commonly observed that older people have slower speed of reaction to various environmental stimuli. This is obvious in everyday traffic situations. Because of this

slowness in reaction times, some psychologists claim that the elderly are also slow in their processes of thinking. They cannot provide good solutions to fluid intelligence tasks because they are generally slow.

Opinions about the function of speed are currently divided. Some claim that the speed of mental processing is a basic variable that can be linked to physiological processes directly - i.e. that mental speed tells us about the rate of transmission of excitation through the nervous system and especially across the synapses. However, there are many problems in linking mental speed with abilities. For example, it is still being debated whether the speed of psychomotor reactions that is important for driving a car is of the same type as the speed of thinking - it is possible that these two speeds are different kinds of mental speed. Indeed, there may exist many other different types of speed. Furthermore, if we were to ask the highly intelligent people to tell us if their thinking processes are faster than thinking processes of we ordinary mortals, it is likely that their answers will vary, with many of them claiming that they do not think any faster than people of average ability. In other words, it seems to be generally true that people can think slowly and still think effectively. The issues regarding the relationship between mental speed and intelligence are being debated in the literature today.

3. Attentional processes.

Most of the research on aging at the University of Sydney has focuses on the role of attentional factors in the aging of fluid abilities. There are three major types of attentional processes of interest to us here:

- Concentration - the ability to perform relatively effortful tasks accurately over prolonged periods of time;
- Attentional flexibility - the ability to switch attention in order to facilitate the search for a better solution to an intellectual problem;
- Selective attention - the ability to search quickly through a visual scene and find a particular object (e.g. find all instances of letter 'o' on a printed page).

My assumption has been that people tend to lose their ability to solve fluid intelligence tasks because, with age, they become less able to concentrate, to show attentional flexibility, and to select a particular target from among a large number of distracting stimuli. One of my studies was designed to investigate this assumption; the results of which are presented in Figure 4.

We can see that Gf (the line with the boxed symbol at the end) shows the same general trend as that present in the previous diagrams - i.e. a consistent decline after the age of twenty. The other three marked lines in the diagram show the decline in fluid abilities when we control for (i.e. statistically partial-out) the effects of the three attentional factors. The major point is that the decline in fluid abilities virtually disappears when the effect of attentional factors is taken into account. There are, of course, other possible causes of decline some of which are currently being studies in our laboratory.

What can be done to arrest the decline in fluid abilities?

Our work implies that elderly could be helped in maintaining their thinking skills if we were to find ways of maintaining attentional processes at the level characteristic of the younger adults. Is that possible? The honest answer is: we do not know. Perhaps at some future time we shall have a drug or a dietary regime which will arrest the decline in attentional processes. Searching for this drug will be the task of biological and chemical sciences. Psychologists, however, are not skilled in chemistry and they tend to know precious little about biology. Is there anything behavioural in nature that we can offer? Unfortunately, at this stage, we can offer only general advice.

Our results with attentional flexibility and selective attention (and indirectly with concentration) indicate that older people have trouble focussing on the intellectual task because they cannot ignore the aspects of the situation that are irrelevant. In other words, they get distracted too easily by the unimportant aspects. Another feature of the older person's approach to problem solving is the tendency to be very cautious in providing the answers, even if the answer is obviously correct. Younger people perhaps act on impulse, quickly, and trust their intuitions to a larger extent than do the elderly. These two features - the inability to ignore irrelevancies and a tendency to be over-cautious - may be at least in part due to attitudes that are attributed to the elderly by the culture. For example, being 'old and wise' is sometimes identified with the lack of spontaneity and with careful and conscientious weighting of the alternatives. If this is indeed what happens, perhaps we can allow ourselves to relax and act in an intuitive and impulsive way and stop worrying about appearing irresponsible on occasions.

Finally, the message from our work and also from the work of other psychologists is that activity, both mental and physical activity, is most important. If we can develop the habit of constantly using our minds rather than exposing ourselves to mindless activities (such as some TV watching), we will enjoy a fuller and longer life.

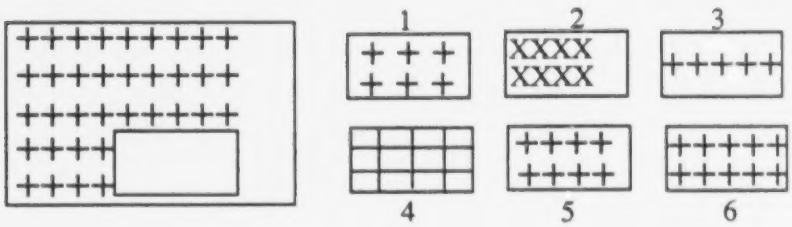

Figure 1: Matrices test for fluid abilities

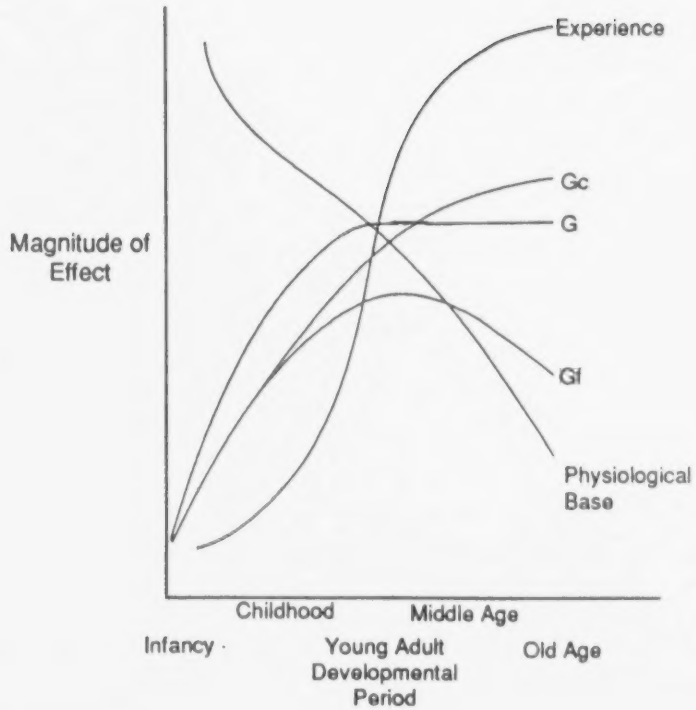

Figure 2: General trends in fluid and crystallized abilities with age

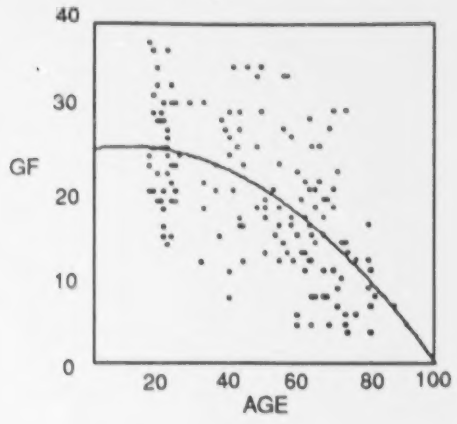

Figure 3a: Variation of fluid intelligence (Gf) with chronological age.

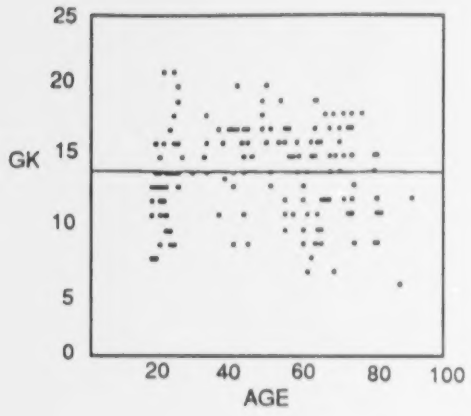

Figure 3b: Variation of crystallized intelligence (Gc) with chronological age.

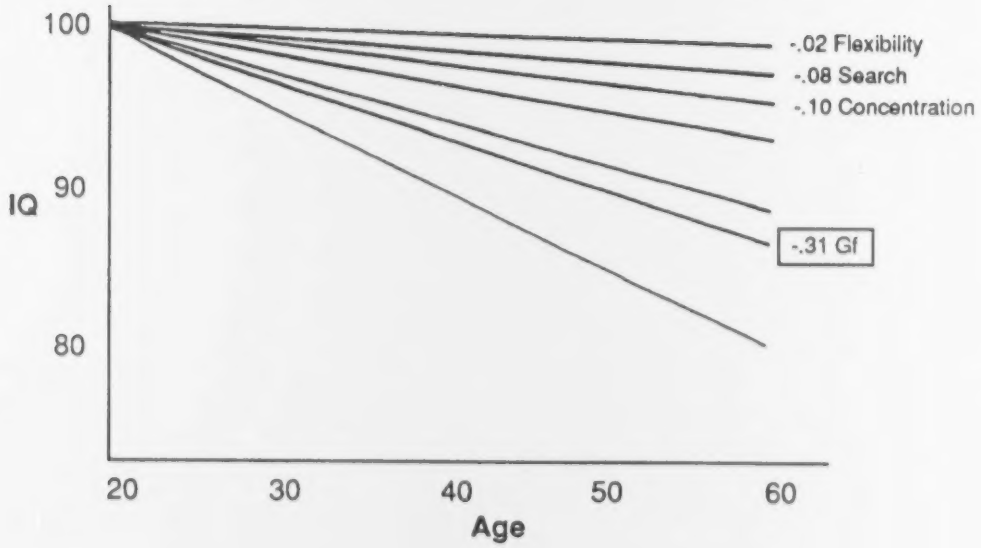

Figure 4: Variation of attentional factors with age

Comparison of common disease prevalence rates in people over 60 years of age from Beijing and a selected rural area.

Li Ning-hua et al, Beijing Institute of Geriatrics, Minister of Public Health, Beijing 10073.

* Tong Zhi-fu, The Institute of Epidemiology and Microbiology, Chinese Academy of Preventive Medicine, 10# Tian Tan Xi li, Beijing 100050.

Since the well being of the elderly is of interest to increasing numbers of people (not merely to the elderly themselves) this study was conducted to determine the distribution of common diseases among people over 60 years of age.

Method

1. Subjects of the study

An urban community in Beijing containing 10103 men was selected by objective sampling. The elderly accounted for 10.8% of the population; 1740 were men over 60 years of age. The selected rural community contained 17 000 men. The elderly accounted for 6.5% of the population; 1100 were men over 60 years of age. The subjects for examination were selected through stratified sampling. Among the elderly, 446 cases in the city and 514 cases in the rural community were examined.

2. Examination items

A questionnaire was designed which included name, sex, birthday, marital status, education, health status and complaint. Physical examination and laboratory test were conducted.

Findings

1. General condition

There were significant differences between the urban and rural community within sex, occupation, education and marital status ($p < 0.01$ or 0.05). No significance was found in age distribution.

* Tong Zhi-fu was delayed in transit to Australia. This is an edited version of the paper Dr Tong was to have presented.

2. Comparison of common disease prevalence rates between urban and rural areas

Because of sex differences, we calculated sex-specific morbidity rates. The results showed the three highest prevalence rates in the city to be hypertension (36.25%), senile cataract (32.92%) and coronary heart disease (19.79%). For the rural community the results were senile cataract (56.46%), hypertension (25.83%) and deafness (25%). The deviation of prevalence rates for all diseases except diabetes mellitus, chronic bronchitis and anemia were significant ($p < 0.05$ or 0.01) between urban and rural communities. See Table 1.

3. Comparison of common diseases age-specific prevalence rates between urban and rural areas

In both the 60 and over, and 70 and over age groups the deviation of hypertension, coronary diseases, cerebro-vascular diseases, senile cataract and deafness between urban and rural community was significant. However, in the 80 and over age group a significant difference was found only with senile cataract and deafness. See Table 2.

From this study it can be seen that the primary chronic conditions for the elderly in China are hypertension, coronary heart diseases, senile cataract and deafness. About 40% of the elderly suffer from hypertension. Other studies show this to be related to factors like the amount of salt consumed, smoking etc.

In order to improve quality of life, it is important that not only physical disease is cured, but also those factors which are associated with continued independence of the elderly. For example, eyesight and hearing problems should also be addressed. The elderly who live in the rural community have more functional deficits of eyesight and hearing compared with the ones who live in the city. The morbidity of cardiovascular diseases is much higher in the city than in the rural community. However, the resolution of these problems involves access to medical services and financial support.

The younger elderly suffered from more cardiovascular diseases than the older ones. The priority for this group, especially those who live in the city, is health care directed towards minimising cardiovascular diseases.

How to use the media

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In order to set up U3A in your area you will need the support of your local community and opinion leaders, one of which is the media. It is important to develop a good relationship with the media as they are a vital source of information for the public you are trying to attract. You need the media on side because it is the most effective way to attract members and promote the existence and activities of U3A. So how do you do it?

How to contact the media

1. Find out the names of key personnel in your local media.

Newspapers, radio, TV, magazines, newsletters, community noticeboards - who is the most appropriate person to contact? In the case of metropolitan media groups you will need to find specific information such as names, addresses and phone numbers of the persons designated for each service. In the case of country media groups usually the editor or news reader is the best person to contact.

U3A wants its news presented in a favourable way and the news media wants information that will interest their readers. So, you have to think about which form of media would be most interested in your story. For example, if there is visual potential in your story then it would be appropriate to contact TV, if it is a news information such as what's on, the newspaper diary should be your choice.

First you must get out and meet the media. Let them know who you are, who you represent etc. You may not have any information/story to give them at this point and that is OK. Let them know how and where they can contact you. You must work hard to develop this relationship as it can make or break your publicity activities.

2. *Understand the media*

Know the people, their titles and their names and spell them correctly. Understand how the various sectors of the media work and, in particular, their deadlines.

- If you happen to be talking to an afternoon daily paper don't call them at 2.00 pm, make sure you call them early in the morning.
- If you are contacting radio news, never call them on the hour or half hour.
- Magazines need to be contacted at least 3 months in advance. Check the lead times as they vary.
- Be accessible. Always have someone from your U3A group available. Give them after hours numbers to contact. Remember media hours are not always regular working hours.

3. *How do you generate good media relations?*

- Be straight - never lie, be accurate. It's your own integrity and the credibility of U3A that will be remembered.
- Give service. Work with the media, provide them with all the information they need, understand their deadlines and present the information in the correct form. You've got a good product so believe in it.
- Never beg. If the information you have is not not newsworthy don't bother journalists with it.
- Do not ask for stories to be withdrawn.
- Do not flood the media by constantly sending material to them.
- Remember, there is no such thing as 'off the record'.

4. *How to respond when they come to you for information*

- Select an appropriate spokesperson. Try and be consistent in order to develop an identity.
- Prepare possible questions.

5. *How to prepare for a TV interview*

The following simple hints can considerably enhance your presentation on TV.

Clothing

. Colours are fine but nothing too busy
. Stripes are out for men
. Avoid extremes
. Not too much makeup
. Shoes should always be a dark colour

General

. Remember TV is a visual medium so think about eye contact
. Talk to the reporter, make sure you feel comfortable, ask what the shot looks like, what angle etc.
. If you get a difficult question take a few minutes to compose your thoughts and then answer
. Think about tone of voice/mannerisms etc as it is not only what you say but how you say it. (This is important for radio as well)
. Talk slowly
. Avoid using jargon
. Never underestimate the intelligence of your audience or overestimate their knowledge
. If a reporter asks a direct question, give a direct answer
. Most importantly - be yourself

6. *What do you give the media?*

- A news release - remember it is about NEWS
- Rules of information giving - Who What When Where Why and HOW. You must give the important facts in the first paragraph so that it can stand on its own if that is all they decide to print. (This style is good for newspaper but feature magazines often require a more descriptive lead. Then you have more opportunity to be creative.)
- Date
- Timing
- Contact for further information
- Headline. (Optional but it helps to draw attention.)
  Speak in the present tense because past tense is old news.
- Do not put the names of your organisation in capitals because it tends to look like an advertising brochure
- Always circulate a copy of your news releases to your committees etc so that they are in touch with what you are saying on behalf of the organisation.

7. *What is news?*

The following items may be newsworthy.

- New U3A groups
- Oldest U3A student
- New courses
- Details of innovative courses

8. *Photographs*

- Must be newsy, good quality and interesting (e.g. action photos, people in the classes making something. Shots of people sitting around are not very interesting.)
- Portraits need to show good facial expression
- It is worthwhile to take some photos to have on hand or, better still, get a professional photographer to take some.
- Remember black and white photos for newspapers
- Don't send photos to radio/TV and if you work with colour magazines try and get colour transparencies
- Remember to put some cardboard in with photos when sending them so they do not bend
- Caption photos and identify everyone in the picture
- Use glossy photos
- Do not use paper clips or staples on photos
- Do not write captions on the back in pen, texta etc
- Do not ask for photos to be returned

9. *Developing a media plan*

Planning is very important for a successful publicity campaign. The most effective plans incorporate all forms of media. Try and evaluate your publicity efforts. When people contact you ask how they found out about U3A and keep a tally. Look at how much space you get in the media and where they place your story.

10. *What else can you do for publicity?*

- Shopping centre displays
- Use community notice boards

- Use community announcements on radio
- Public speaking to formal organisations e.g.. Lions, Rotary, Apex
- Submit articles to other organisation's newsletters.

Course preparation and training

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The focus of this workshop session is the process of planning a course and sessions within that course.

How can you present a course successfully? Before you start, you must ask yourself the following:

1. Do I know what I am talking about? Do I have enough knowledge? Can I answer tricky questions?
2. Do I have effective presentation skills?
3. Will the audience be interested? Always consider the needs of your audience. Audiences from U3A may not be interested in 'Heavy metal bands of the 1970s'.

Once you have decided that you would like to conduct a course then you must plan.

Planning a course

When planning a course you must consider-

1. Naming the course - be specific
2. Objectives
   - Objectives should specify the information and concepts to be learned, the skills to be developed, etc
   - Objectives should be realistic and precise and when writing them you must consider the interests and aptitude of the participants
3. Needs of the participants
   - What do the participants want to hear? You must meet their needs and interests.
   - Participants in U3A courses are seeking personal development, skill development, enrichment and satisfaction of social needs

4. Content
   - Consider specific content
   - Consider your experience, time and objectives (You may know a lot about a particular topic, but your time is limited - be selective)
   - Arrange units in proper order
   - Organise the teaching plan or course outline
5. Equipment and facilities
6. Most appropriate methods of instruction for each part of the lesson - lecture/discussion/group work, etc
7. Learning activities for participants
   - Learning activities should be appropriate and effective
8. Resource materials
   - You must select and prepare instructional material - visual aids, reference books, films, charts, overhead transparencies - *and know how to use them*
9. Method of evaluation
10. Times, dates and locations

Once you have considered these 10 factors, it is time to construct a course outline.

Course outlines

The next step is to develop a planning structure for your course. One good way of doing this is to draw a series of small boxes in which you write a few of the main things to be covered in each session. The structure acts as an outline to help you organise your ideas into a suitable sequence and into topics. It is an organisational framework only and should be seen as a guide rather than a hard and fast schedule to which you must adhere. Many factors will likely emerge which will suggest flexibility in your organisational framework. Some of the more obvious are;

timing is never accurate
flops
interruptions
digressions.

As a U3A tutor you need to 'go with the group' and develop its interests. Be flexible. You don't have to follow a syllabus.

Once you have a basic outline of your course the next step in the planning process is planning individual sessions.

Session outlines

A course is comprised of a series of sessions and it is the sessions which are important.. A session outline should include:

- Session name
- Session Objectives
- Main points of content
- Learning activities
- Key questions
- Resources
- Conclusion
- Assessment none - no formal tests
- Feedback - did the audience look bored? did they ask questions?

Planning and presenting a session

When planning and presenting a session you must consider:

Rationale

Why do you want to present a session?

To share knowledge and experience

I've always wanted to present a session

I want a new experience

etc.

Audience

You must consider the audience- content and level of language must be relevant otherwise members of the audience will switch off

Preparation

Planning is essential Why?

objectives

knowledge/research if necessary

logical introduction/body/conclusion

timing 'running out'
resources
image- appear 'in control' and organized
confidence
be on time
learning environment

Presentation

- Delivery is very important. You may be an expert with all the background knowledge but you may fail because of your presentation. You won't effectively impart knowledge if you are boring or if you mumble.
- You should understand the communication process and the importance of listening and feedback
- You must consider your 'body language', especially eye-contact
- You must consider your public speaking skills
- Use teaching aids where possible (music, pictures, charts etc.)
- You should vary your teaching strategies
- You must 'include' your audience. Participation is vital in U3A classes
- You must motivate. This also is important with U3A classes
- You must make your session/talk interesting and enjoyable and maintain the participants' enthusiasm

Objective

- *Course objective*. This is the overall aim of the course ie., what you want the participants to know, understand, be aware of, or be able to do at the completion of the course.
- *Session objective*. This is what you want the participants too know, understand, be aware of, or be able to do as a result of a particular session.
- *Learning objectives*. These are what the participants will need to do so they can achieve the session objectives.

Resources

- People remember 20% of what they hear and 80% of what they see
- Participants are important resources, particularly adults with their experience, knowledge and skills

Teaching strategies

- Vary your approach because there are good and bad things about each teaching technique.

  Lectures are great for getting information across but easily become boring.
  Brainstorming sessions elicit ideas quickly but hinder in-depth discussion
  Discussions.can be run with whole groups or with several small groups at the same time
  Simulation games and role plays are interesting and give rise to sound learning experiences
  Case studies often have very high impact
  Excursions
- Involvement. Aim to include everyone. Participation is very important. Allow participants to direct segments
- Develop effective questioning techniques to encourage audience to ask questions
- Use positive reinforcement and praise to increase participation
- Be positive yourself-create a climate of acceptance
- Have an attractive and comfortable learning environment
- Remember that participants in the U3A are highly motivated but will 'vote with their feet' if the learning experience is not interesting personally stimulating.

Perhaps you noticed that the beginning letter of each step in the Planning and Presentation section spelt the word **RAPPORT**. This is a key word. You need to develop mutual trust and respect and establish a good relationship with participants. You must have empathy and understand the participants' perspectives.

- Your personality is a major factor - be yourself - be friendly.

Once you have a good learning environment and established a good relationship with the course participants, the rest is easy

Evaluation

You must evaluate throughout each session and, throughout the course, you must be responsive to the participants at all times.

- Body language is a good indicator, or comments
- Ask yourself 'have I achieved what I set out to do in my objectives? Am I maintaining the participants' interest and enthusiasm?'

- Remember that despite your knowledge and skills you should always aim to develop an interesting course and to present interesting and enjoyable sessions. They are social as well as learning experiences

Last year, the best feedback I could have received was when a lady commented 'we love coming to your class because we enjoy it so much'.